IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA SOUTHERN DIVISION

CYRUS DESMOND PIERSON,	
Plaintiff,	
v.)	Civil Action No. 1:07-cv-451-WKW-WC
JEFF SHELTON of the COFFEE)	
COUNTY SHERIFF'S DEPARTMENT,)	
Defendant.	

DEFENDANT'S SPECIAL REPORT

COMES NOW the Defendant, Coffee County Deputy Sheriff Glenn Shelton, and submits his Special Report to the Court.

INTRODUCTION

On May 21, 2007, the Plaintiff filed his Complaint with this Court, naming "Jeff Shelton of the Coffee County Sheriff's Department" as the sole Defendant (Doc. 1.) On May 29, 2007, the Court ordered the Defendant to file a Special Report. (Doc. 4.) On July 11, 2007, Deputy Shelton moved the Court to extend time to file a Special Report. (Doc. 5.) The Court granted Deputy Shelton's motion on July 12, 2007. (Doc. 6.)

PLAINTIFF'S ALLEGATIONS

In his Complaint, the Plaintiff appears to allege a single Fourteenth Amendment excessive force claim against Deputy Shelton in his official capacity. He seeks both money damages and equitable relief (in the form of employment termination and an "investigation" of the Coffee County Sheriff's Department). The only capacity indication in the Complaint comes from the caption in which the Plaintiff names "Jeff Shelton of the Coffee County Sheriff's

Department". In light of the Plaintiff's pleading, this Special Report will address only a Fourteenth Amendment excessive force claim against Deputy Shelton in his Official Capacity.¹

DEFENDANT'S RESPONSE TO PLAINTIFF'S ALLEGATIONS

The Defendant denies the allegations made against him by the Plaintiff as being untrue and completely without basis in law or fact. The Defendant denies that he acted, or caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled. The Defendant raises the defenses of Eleventh Amendment immunity, inapplicability of 42 U.S.C. § 1983 to official capacity claims, and additional defenses presented below. The Defendant reserves the right to add additional defenses if any further pleading is required or allowed by the Court.

I. **FACTS**

The Plaintiff has a lengthy criminal history that includes no less than eleven arrests in the last 43 months that led to period of incarceration in the Coffee County Jail. (Exhibit A, Plaintiff Cyrus Pierson's Inmate File, "Inmate file", records for arrest dated 12/24/2004 (possession of a controlled substance); Exhibit B, Inmate file, records for arrest dated 1/9/2005 (theft of services); Exhibit C, Inmate file, records for arrest dated 2/19/2005 (third degree burglary); Exhibit D, Inmate file, records for arrest dated 4/13/2005 (third degree theft of property and resisting arrest); Exhibit E, Inmate file, records for arrest dated 6/27/2005 (failure to appear); Exhibit F, Inmate file, records for arrest dated 11/25/2005 (disorderly conduct); Exhibit G, Inmate file, records for arrest dated 11/30/2005 (distribution of a controlled substance); Exhibit H, Inmate file, records for arrest dated 12/20/2005 (contempt); Exhibit I, Inmate file, records for arrest dated 7/6/2006 (failure to appear); Exhibit J, Inmate file, records for arrest dated 8/2/2006 (second degree receipt of stolen property); Exhibit K, Inmate file, records for arrest dated

¹ Deputy Shelton reserves the right to amend this Special Report to include additional defenses that may be made available to him as a result of any subsequent pleadings or court orders interpreting the Plaintiff's pleadings.

4/13/2005 (sureties filed to come off of the Plaintiff's bond)). While the Plaintiff has been incarcerated in the Coffee County Jail, he has continued his criminal enterprises. The Plaintiff has been involved in no less than three fights with other inmates. (Exhibit L, Inmate file, Incident Report dated 1/5/2006; Exhibit M, Inmate file, Incident Report dated 3/20/2006; Exhibit N, Plaintiff Cyrus Pierson's Inmate Medical Records, "Medical recs.", Patient Record dated 11/14/2006.) The Plaintiff has attempted to steal the jail booking camera. (Exhibit O, Inmate file, Incident Report dated 1/9/2005.) Just last month, the Plaintiff was arrested on one misdemeanor and one felony count of promotion of prison contraband. (Exhibit P, Inmate file, records for arrest dated 6/19/2007; Exhibit O, Inmate file, records for arrest dated 6/20/2007.)

Perhaps not coincidentally, in light of the Plaintiff's most recent charges, the incident complained of by the Plaintiff before this Court involves a search for prison contraband that occurred at the Coffee County Jail on April 20, 2007. (Doc. 1 at p. 2; Exhibit R, Affidavit of Jeffrey Shelton, "Shelton aff.", at ¶ 4; Exhibit S, Affidavit of Jason Ballard, "Ballard aff.", at ¶ 4.) The search was precipitated by an intercepted attempt by inmates to pass marijuana from one cell block to another by sliding a book under the door. (Shelton aff. at ¶ 4.) One of the inmates believed to have been involved in the failed attempt was the Plaintiff. <u>Id.</u>

The search that was conducted on April 20, 2007, involved ten to twelve law enforcement officers from a variety of agencies. (Shelton aff. at ¶ 5; Ballard aff. at ¶¶ 2, 4, 5.) The Plaintiff was in Cell Block 2, the cell block that was the target of the search. (Shelton aff. at ¶¶ 4, 7.) Just two months previously, in February 2007, Deputy Shelton personally participated in a search of Cell Block 2 that resulted in the discovery of a shank. Id. at ¶ 8. (Shelton aff. at ¶ 11; Ballard aff. at ¶ 7.) The search was conducted by removing the inmates from their cells and taking Deputy Jason Ballard's drug dog through each cell. If the dog alerted on the cell, a thorough search was done by the officers. Id.

During the search, the Plaintiff constantly attempted to agitate the other inmates in the cell block. The Plaintiff shouted profanities and encouraged the other inmates to do likewise. The Plaintiff's efforts were interfering with the search. (Shelton aff. at ¶ 12.) The Plaintiff was warned numerous times to cease being disruptive. Id. at ¶ 13.

Finally, Deputy Shelton went to deal with the Plaintiff. Deputy Shelton attempted to get the Plaintiff to stop, but his efforts were rewarded only by additional profanity from the Plaintiff. (Shelton aff. at ¶¶ 16-23.) After being asked for the third time by Deputy Shelton to stop, the Plaintiff attempted to turn away from Deputy Shelton. Id. at ¶ 23. When Deputy Shelton attempted to touch the Plaintiff on the sleeve to get his attention, the Plaintiff snatched his hand away. Id. at ¶¶ 24-25. Not knowing what the Plaintiff was going to do, Deputy Shelton grabbed him by the shirt sleeve in order to maintain control of him. Id. at ¶ 25. Deputy Shelton told the Plaintiff that he meant what he said. Id. at ¶ 27. When the Plaintiff responded "yes, sir", Deputy Shelton released the Plaintiff and allowed him to return to his cell. Id. at ¶¶ 27-28.

Deputy Shelton did not have any further interaction with the Plaintiff that night. (Shelton aff. at ¶ 32.) Deputy Shelton never used profanity towards the Plaintiff. <u>Id.</u> at ¶ 30. Deputy Shelton never choked the Plaintiff. <u>Id.</u> at ¶ 31. The Plaintiff never complained of an injury or requested medical treatment for any alleged injury related to the April 20, 2007 search. <u>Id.</u> at ¶ 32; Exhibit T, Affidavit of Richard Moss, "Moss aff." at ¶ 8; Exhibit U, Remainder of Plaintiff's Inmate Medical File not otherwise attached as a separate exhibit.)

The Coffee County Jail has an inmate grievance procedure. When an inmate has a grievance, he may request a form, complete it, and return it to any jailer. Jailers are instructed to attempt to deal with the grievance, but if they are unable to do so, they forward it to the Jail Administrator, Richard Moss. If the Jail Administrator cannot resolve the grievance, it is turned

over to a grievance committee. Copies of grievances are kept in the inmate's file. (Moss aff. at $\P 4-6.$

The Plaintiff has only filed one grievance during his incarceration. That grievance related to an incident that occurred on April 19, 2007 – the day before the incident giving rise to the Plaintiff's Complaint. The Plaintiff's grievance had nothing to do with the allegations in his Complaint. (Exhibit V, Inmate file, Grievance Form, dated 4/19/2007.) At no time has the Plaintiff ever filed a grievance related to the allegations in his Complaint. (Moss aff. at ¶ 7; Exhibit W, Remainder of Plaintiff's Inmate File not otherwise attached as a separate exhibit.)

II. LAW

- Α. The Plaintiff's claims are barred because he has failed to comply with the provisions mandated by 42 U.S.C. § 1997e(a) of the Prison Litigation Reform Act ("PLRA").
 - 1. The Plaintiff has failed to exhaust all available administrative remedies.

The Court's adherence to mandates of the PLRA is essential to ensure that the "flood" of frivolous claims for constitutional violations does not burden and hinder the Court's consideration of legitimate claims presented by pro se litigants. See Harris v. Garner, 216 F.3d 970, 972 (11th Cir. 2000) ("In an effort to stem the flood of prisoner lawsuits in federal court, Congress enacted the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, 110 Stat. 1321 (1996) ('PLRA')."). As the Supreme Court recently recognized in Jones v. Bock:

Prisoner litigation continues to "account for an outsized share of filings" in federal district courts. Woodford v. Ngo, 548 U.S. ----, n. 4, 126 S. Ct. 2378 (2006) (slip op., at 12, n. 4). In 2005, nearly 10 percent of all civil cases filed in federal courts nationwide were prisoner complaints challenging prison conditions or claiming civil rights violations. [footnote omitted] Most of these cases have no merit; many are frivolous. Our legal system, however, remains committed to guaranteeing that prisoner claims of illegal conduct by their custodians are fairly handled according to law. The challenge lies in ensuring that the flood of nonmeritorious claims does not submerge and effectively preclude consideration of the allegations with merit. See Neitzke v. Williams, 490 U.S. 319, 327 [] (1989).

Congress addressed that challenge in the PLRA. What this country needs, Congress decided, is fewer and better prisoner suits. See Porter v. Nussle, 534 U.S. 516, 524, [] (2002) (PLRA intended to "reduce the quantity and improve the quality of prisoner suits"). To that end, Congress enacted a variety of reforms designed to filter out the bad claims and facilitate consideration of the good. Key among these was the requirement that inmates complaining about prison conditions exhaust prison grievance remedies before initiating a lawsuit.

127 S. Ct. at 914 (emphasis added). Uniform adherence to all the provisions of the PLRA, especially the grievance exhaustion requirement, is mandatory for inmate litigants and the Courts to ensure that the federal judicial system can effectively "separate the wheat from the chaff" with regard to claims asserted by inmate litigants.

The first section of the PLRA provides:

<u>No action shall be brought</u> with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility <u>until such administrative remedies as are available are exhausted.</u>

42 U.S.C. § 1997e(a) (emphasis added). Under this provision of the PLRA, an inmate is required to exhaust all administrative remedies before instituting an action under 42 U.S.C. § 1983, and the Court is precluded from granting relief to any plaintiff who has not exhausted all his administrative remedies. In Woodford v. Ngo, ____ U.S. ____; 126 S. Ct. 2378, 2382 (2006), the Supreme Court held, "Exhaustion is no longer left to the discretion of the district court, but is mandatory." See also Booth v. Churner, 532 U.S. 731, 739 (2001) ("Prisoners must now exhaust all 'available' remedies, not just those that meet federal standards."). However, as the Supreme Court recognized in Jones v. Bock, each prison sets its own parameters for what constitutes compliance with its grievance policy:

In <u>Woodford</u>, we held that to properly exhaust administrative remedies prisoners must "complete the administrative review process in accordance with the applicable procedural rules," 548 U.S., at ____, 126 S. Ct. 2378 [] -- rules that are defined not by the PLRA, but by the prison grievance process itself. The level of detail necessary in a grievance to comply with the grievance procedures will

vary from system to system and claim to claim, but it is the prison's requirements, and not the PLRA, that define the boundaries of proper exhaustion.

127 S. Ct. at 922-23.

Here, the Plaintiff has not filed a grievance related to the incident made the basis of his Complaint, as is required by the Coffee County Jail grievance policy. Therefore, he cannot be deemed to have exhausted all available administrative remedies provided by the Coffee County Jail grievance policy. Therefore, his claims must be dismissed. 42 U.S.C. § 1997e(a).

2. Plaintiff's claims are barred by the PLRA because he has not suffered any physical injury as a result of the allegations in his Complaint.

"No Federal civil action may be brought by a prisoner confined in a jail, prison, or other correctional facility, for mental or emotional injury suffered while in custody without a prior showing of physical injury In order to avoid dismissal under § 1997e(e), a prisoner's claims for emotional or mental injury must be accompanied by allegations of physical injuries that are greater than de minimis." Mitchell v. Brown & Williamson Tobacco Corp., 294 F.3d 1309 (11th Cir. 2002). Because the Plaintiff has not made a showing of physical injury at all, much less a showing of a physical injury that is greater than de minimis, his Complaint is due to be dismissed.

B. All claims by the Plaintiff against the Defendant must fail based on Eleventh Amendment immunity and because in his official capacity, Deputy Shelton is not a "person" under 42 U.S.C. § 1983.

As noted previously, on the face of his Complaint, the Plaintiff has only sued Deputy Shelton in his official capacity. (Doc. 1 at p. 1.) The Plaintiff's claims against the Defendant is therefore due to be dismissed for lack of subject matter jurisdiction; as such claims are barred by the Eleventh Amendment to the United States Constitution. Parker v. Williams, 862 F.2d 1471, 1476 (11th Cir. 1989) (holding a sheriff sued in his official capacity is entitled to Eleventh Amendment immunity); Free v. Granger, 887 F.2d 1552, 1557 (11th Cir. 1989) (holding that a

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sheriff sued in his official capacity is entitled to Eleventh Amendment immunity); <u>Carr v. City of Florence</u>, 918 F.2d 1521, 1525 (11th Cir. 1990) (holding a deputy sheriff sued in his official capacity is entitled to Eleventh Amendment immunity); <u>Lancaster v. Monroe County</u>, 116 F.3d 1419, 1430-31 (11th Cir. 1997) (extending Eleventh Amendment immunity to include jailers employed by county sheriffs).

In addition, the official capacities claims must fail because 42 U.S.C. § 1983 prohibits a *person*, acting under color of law, from depriving another of his rights secured by the United States Constitution. 42 U.S.C. § 1983 (emphasis added). The United States Supreme Court has held that state officials, in their official capacities, are not "persons" under § 1983. Will v. Michigan Dep't of State Police, 491 U.S. 58, 71 (1989). Any official capacity claims against the Defendant should therefore be dismissed because his not a "person" under § 1983. Id.; Carr, 916 F.2d at 1525 n.3.

C. Summary Judgment Standard

On a motion for summary judgment, the court should view the evidence in the light most favorable to the nonmovant. Greason v. Kemp, 891 F.2d 829, 831 (11th Cir. 1990). However, a plaintiff "must do more than show that there is some metaphysical doubt as to the material facts." Matsushita Elec. Indus. Co. v. Zenith Radio Corp., 475 U.S. 574, 586 (1986). Only reasonable inferences with a foundation in the record inure to the nonmovant's benefit. See Reeves v. Sanderson Plumbing Products, Inc., 530 U.S. 133 (2000). "[T]he court should give credence to the evidence favoring the nonmovant as well as that 'evidence supporting the moving party that is uncontradicted or unimpeached, at least to the extent that that evidence comes from disinterested witnesses." Reeves, 530 U.S. at 151, quoting 9A C. Wright & A.

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Miller, Federal Practice and Procedure § 2529, p. 299.² "A reviewing court need not 'swallow plaintiff's invective hook, line and sinker; bald assertions, unsupportable conclusions, periphrastic circumlocutions, and the like need not be credited." Marsh v. Butler County, 268 F.3d 1014, 1036 n.16 (11th Cir. 2001) (en banc) quoting Massachusetts School of Law v. American Bar, 142 F.3d 26, 40 (1st Cir. 1998).

CONCLUSION

This Defendant denies each and every allegation made by Plaintiff Cyrus Pierson in his Complaint. Deputy Shelton has not acted in a manner so as to deprive Plaintiff of any right to which he is entitled.

MOTION FOR SUMMARY JUDGMENT

This Defendant respectfully requests that this Honorable Court treat his Special Report as a Motion for Summary Judgment, and grant unto him the same.

Respectfully submitted this 19th day of July, 2007.

s/Gary L. Willford, Jr. GARY L. WILLFORD, JR., Bar No. WIL198 Attorney for Defendant WEBB & ELEY, P.C. 7475 Halcyon Pointe Drive (36117) Post Office Box 240909 Montgomery, Alabama 36124 Telephone: (334) 262-1850

Fax: (334) 262-1889

E-mail: gwillford@webbelev.com

² Although Reeves was a review of a motion for judgment as a matter of law after the underlying matter had been tried, the Supreme Court in determining the proper standard of review relied heavily on the standard for summary judgment stating, "the standard for granting summary judgment 'mirrors' the standard for judgment as a matter of law, such that 'the inquiry under each is the same." Reeves, 530 U.S. at 150, citing Anderson v. Liberty Lobby. Inc., 477 U.S. 242, 250-251 (1986); Celotex Corp. v. Catrett, 477 U.S. 317, 323 (1986).

CERTIFICATE OF SERVICE

I hereby certify that on this the 19th day of July, 2007, I have electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, and that I have mailed a true and correct copy of the foregoing by United States Mail, postage prepaid, to the following non-CM/ECF participant:

> Cyrus Desmond Pierson 4 County Complex Coffee County Jail New Brockton, Alabama 36351

> > s/Gary L. Willford, Jr. OF COUNSEL

EXHIBIT A

Inmate file, records for arrest dated 12/24/2004 (possession of a controlled substance)

ENTERPRISE POLICE DEPARTMENT TRANSPORT SHEET (Coffee County Jail)

DATE 12/24 , 2004	TIME	224	AM/PM (m)	
STATUS STATECITY	COUNTY_ (List Division	on if Coffee)		
NAME / Terson LAST	C <i>ysus</i> FRST		<u> </u>	
ADDRESS 707 W. Adams				
POB Enterprise pl	SSN <u>422-23-0955</u>	, LICENS	E NA	
AGE /8 SEX // RACE B	WEIGHT_/65	HEIGHT	5'09"	
HAIR BIK EYES BRO	DOB 9-16-80	0		
ARRESTED? YES / NO	ARRESTING AGE	NCY EP	0	
TYPE OF ARREST WARRANT	CALL	_ON-VIEV	v	
ARRESTING OFFICER Bowers	LOCATION_	63 Short	St. Enterol	is AC
OFFENSE(S) foss. of Controlled Su	6. MISDEMEANOR MISDEMAENOR MISDEMEANOR	FELC	NY_YNY	
TRANSFERRED FROM EPO	HOLD FOR (ag	gency) <u> </u>	A	
RELAESE INFORMATION Sec Jud				
SENTENCING INFORMATION				
COMMENTS None	,	V		
COMPLETED BY SEARCE FINGE	BOOKED BY CHED //-S ERPRINTS //-	PHOTO GREEN CA	NRD 11)	
Enterprise P.D. Form 96-040				

COFFEE COUNTY JAIL



Ben Moa	tes, Sheriff
	Administrator
æ	\mathbb{Q}

Name of Immate Receiving Office	:_ <i>[[</i>]	Date: 12-25-2209
Receiving Ome	er: <u>C</u>	HOLD CONTRACTOR OF THE PARTY OF
•		ITEMS ISSUED
Item	Amount	Comments
Mattress	1	
Blanket	0	
Sheet	0	
Towel	1	
Washcloth	/	
Laundry Bag	1	
Uniform	2	
Shower Shoes	1	
Soap .	0	
Deodorant	Ø	
Toothpaste	0	
Toothbrush	D	·
Toilet Paper ·	U	
		ITEMS RETURNED
Item	Amount	Comments
Mattress		
Blanket		•
Sheet		· · · · · · · · · · · · · · · · · · ·
Towel		
Washeloth		
Laundry Bag		
Uniform		
Shower Shoes		
Release Date:		Releasing Officer:

INMATE PROPERTY LIST

Name of Inmate: August Date: 14-25-200 A
I certify that this is a correct list of items removed from my possession at the time of my incarceration. Signature of Inmate: Your Livery Your Property of Inmate: Your Propert
Item Description
1 Doe Stort
1 de Short
Black sweet Bouts
1 Hart Sent Toke an
I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the



INMATE MEDICAL SCREENING SHEET

Page #1

Name of Inmate: Pierson Cyrus	Date:
Receiving Officer: CHollsed	

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies			
Arthritis		/	
Asthma			
Diabetes			
Epilepsy	7		Polantin
Fainting Spells		•	
Heart Condition			
Hepatitis			
High B/P			
Psychiatric Disorder			
Seizures		1	
Tuberculosis		1	
Ulcers		T^{-}	
Venereal Disease			
OTHER		1	

COFFEE COUNTY JAIL Ben Moates, Sheriff

Zack Ennis, Administrator

INMATE MEDICAL SCREENING SHEET Page # 2

Name of Inmate: Preson Cyer	<u> </u>	Date: <u>/2-25 - 260 4</u>
Receiving Officer:	*****	
Answer the following questions Have you recently been hospitalized of Are you currently taking any medicati	or treated by a doc ions prescribed by	tor? <u>y (60200-5</u>
Are you allergic to any medications? A Do you have any handicaps or condition Have you ever attempted suicide, or a Do you regularly use alcohol?	ons that limit acti	
Do you regularly use street drugs? \(\sqrt{O} \) Do you have a diet prescribed by a do Do you have any problems with your	لمر?teeth?	
Do you have medical insurance? If Do you have a personal doctor? If If you are female, are you Pregnant?	f yes, with whom? f yes, who is it?	Mederid
If you are female, do you take birth co If you are female, have you recently d	elivered?	·
In case of an emergency, who de Name: Wand Victor Address: 207 W. Address:	lo you want us t Relationship	
Phone Number of Emergency Co	ontact 848.	9183)
If any other explanations	are needed, please	e continue on back of this page>>>
I,autho		access to my medical information.
Signat	ture	Date

EXHIBIT B

Inmate file, records for arrest dated 1/9/2005 (theft of services)

ENTERPRISE POLICE DEPARTMENT
TRANSPORT SHEET (Coffee County Jail)
DATE: 1/9, 19305 TIME: 1347 AM/PM
STATUS STATE FEDERAL COUNTY COUNTY
(List Division if Coffee)
NAME: LAST FIRST MIDDLE
FIRST MIDDLE
ADDRESS: 707 West Adams St. CITY Enterpre, AC ZIP CODE 36330
POB: Entegrise, AC SSN: 422-23-039 LICENSE Nove
AGE: 18 SEX: 17 RACE B WEIGHT 165 HEIGHT 508"
HAIR: B/K EYES: BRO DOB: 08/16/1986
ARRESTED? YES: NO: ARRESTING AGENCY: END
TYPE OF ARREST: WARRANT:CALL:ON-VIEW:
ARRESTING OFFICER: Bower LOCATION: 46bett Spot. Gard
OFFENSE(S): /Lott of Lagranda, MISDEMEANOR FELONY
SUNCOS MISDEMEANOR FELONY MISDEMEANOR FELONY
TRANSFERRED FROM: FOO HOLD FOR (agency): M
RELEASE INFORMATION Contact Magistration
SENTENCING INFORMATION: NA
COMMENTS: A
COMPLETED BY: BOOKED BY: Bover
SEARCHED: WS PHOTO W
FINGERPRINTS: NO GREEN CARD NO

Enterprise P.D. Form 96-040



	0.	INMATE ISSUE LIST			
Name of Inmate: Pic/Son Cyrus D. Receiving Officer: 9. Craner					
Receiving Office	er:	(Jak)el			
•		11 EM2 1220ED			
Item	Amount	Comments			
Mattress	1				
Blanket					
Sheet	2				
Towel	1				
Washcloth	(
Laundry Bag	1				
Uniform	2				
Shower Shoes					
Soap	/				
Deodorant	. /				
Toothpaste					
Toothbrush					
Toilet Paper					
		ITEMS RETURNED			
Item .	Amount	Comments			
Mattress					
Blanket					
Sheet		,			
Towel					
Washcloth					
Laundry Bag		· ·			
Uniform					
Shower Shoes					
Release Date:		Releasing Officer:			

COFFEE COUNTY JAIL Ben Moates, Sheriff

Zack Ennis, Administrator

INMATE RULES AND REGULATIONS

page 1

Name of Inmate: Vicison Cyrus D.

Receiving Officer: 8. Cuesas

- 1. Upon entering the Coffee County Jail, each inmate will surrender all his/her personal items, including shoes and jewelry, with the exception of a wedding band and a watch.
- 2. There will be no tobacco products, matches or cigarette lighters allowed. These will be considered contraband and violators will be prosecuted.
- 3. No hats, caps, doo rags or any other kind of head covering will be allowed.
- 4. All money will be put on the books, no exceptions.
- 5. The jail will accept money and other allowable items for inmates on Wednesday from 8 am until 5pm, and on Sundays from 1 pm until 5 pm.
- 6. Visitation for Cellblocks 1, 2,4 and female inmates will be on Sunday from 1 pm until 4 pm. Adults and children are to be allowed to visit, and money and other allowable items will be received for these inmates at this time by jail staff. Visitation for CB 3 inmates is on Saturday from 2 pm until 2:45 pm. Adults and children are to be allowed to visit, and money and other allowable items will be received for these inmates at this time by jail staff. Visitation for Trustees is on Saturday from 1 pm until 2 pm, adults and children are allowed to visit at this time, and property and money will be received by jail staff for trustees at this time. All visitors must show picture I.D., no exceptions.
- 7. Inmates are allowed to have six (6) sets of underclothes and six pair of socks. They are allowed to have two pair of thermal underwear. All items must be white in color and have the inmate's name in them. No under wire bras are allowed.
- 8. Inmates are allowed to have a Bible.
- 9. Inmates are allowed pencils only, no ink pens!!
- 10. Radios with earphones may be purchased from the jail store. No tape players or recording devices of any kind are allowed.

INMATE RULES AND REGULATIONS page 2

- 11. Inmates have thirty (30) days from entry to have personal clothes picked up, with the exception of one shirt, one pair of pants and one pair of shoes. Items may be disposed of at the jail's discretion after the thirty days.
- 12. Inmates going to court will be required to wear jail clothes. If an inmate goes to jury trial, he/she may wear personal clothing.
- 13. Any inmate found guilty of deliberately damaging County Jail property, will be prosecuted.
- 14. Inmates will be required to keep their living area clean and orderly, and are required to be fully dressed when not in the sleeping area.
- 15. Inmates will be charged a fee of ten dollars (\$10.00) for each medical trip they require, and a fee of five dollars (\$5.00) for each prescription issued. This money will come out of the inmate's Commissary Account, short of complete depletion of the account.
- 16. Inmates using excessive vulgar language may lose privileges.
- 17. Inmates' custody status will be determined by the Sheriff and/or the Jail Administrator.
- 18. Inmate grievance forms are available upon request to all inmates.
- 19. Any inmate who assaults or attempts to assault jail personnel, other inmates or any other persons, shall be prosecuted.
- 20. Medical Treatment Request Slips will be available upon request from a C/O and forwarded to the Jail Administrator, who will make the necessary and appropriate appointments.

Additional Rules and Regulations may be posted and must be followed !!!

Inmate Signature: X Gyng Pinger



INMATE PROPERTY LIST

Name of Inmate:	Gerson Cyrus Date: 1-9-05 B. Cramer
incarceration.	a correct list of items removed from my possession at the time of my
Item	Description
1 Shirt	Gry/Blue T-Shirt Bl: Denim
10 16	Brann Lacther
Ipr Shoes	Brown heather BK Tennis Smes
,	
	•
indicated on any process at WYS	above listed property (minus any previously released property as roperty release form) on this, the

INMATE MEDICAL SCREENING SHEET Page # 1

Name of Inmate: Pierson Cyrus D. Receiving Officer:

Date: 1-9-05

Do you, or have you ever had any of the following?

If yes, give explanation if needed No Yes Allergies **Arthritis** Asthma Diabetes **Epilepsy** Fainting Spells **Heart Condition** Hepatitis High B/P Psychiatric Disorder Seizures Epileptic **Tuberculosis** Ulcers Venereal Disease **OTHER**

COFFEE COUNTY JAIL Ben Moates, Sheriff

Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET Page # 2

Name of Inmate: Pierson Cyrus O. Date: 1-9-05
Name of Inmate: Pierson Cyrus O. Receiving Officer: A. Cremos. ***********************************
Answer the following questions Y (Yes) or N (No):
Have you recently been hospitalized or treated by a doctor? <i>D</i>
Are you currently taking any medications prescribed by a doctor?
Are you allergic to any medications? I /
Do you have any handicaps or conditions that limit activity? N
Have you ever attempted suicide, or are you thinking about it at this time? N
Do you regularly use alcohol? <i>N</i>
Do you regularly use street drugs? N
Do you have a diet prescribed by a doctor? N
Do you have any problems with your teeth?
Do you have medical insurance? N If yes, with whom?
Do you have a personal doctor? V If yes, who is it?
If you are female, are you Pregnant?
If you are female, do you take birth control pills?
If you are female, have you recently delivered?

In case of an emergency, who do you want us to contact?
Name: Warda Pierson Relationship Mother
Address:
N N 1 CF 2/10 9193
Phone Number of Emergency Contact: 348-9183
Comments:
If any other explanations are needed, please continue on back of this page>>>
·
I, Cyrus D. Pierson authorize the Jail Staff access to my medical information. Signature Date
Chara Tiennam 1 0-20
Simple Poto
Date Date

	LEAVE BLANK	CRIMIN	NAL.	1	(STAPLE	HERE)		11	LEAVE BLAI	٧K	
	Case 1:07-cv	/-00451-W	/KW-WC	Document			/2007	1	9 of 10		
→	C450 1.07 0V	33 131 11				- 0., 10, [ا مود	3 31 10		
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EXHIBIT C

Inmate file, records for arrest dated 2/19/2005 (third degree burglary)

ENTERPRISE POLICE DEPARTMENT TRANSPORT SHEET (Coffee County Jail)

DATE: <u>D</u>	19 ,19 3005	TIME:_	00/4_AM/PM
STATUS	STATECITY	FEDER COUNT (List D	AL X Enterprise ivision if Coffee)
NAME: Pr	AST	Cyrus FIRST	Desidonel
ADDRESS: <u>70</u>	7 W Allays	stret city B	ntelpose ZIP CODE 36-730
POB:		SSN: <u>427-2</u>	
AGE:	SEX: MRA	ce <u> </u>	/b// HEIGHT 5 19
HAIR: ///	EYES: Sr	70 D	OB: 09-16-86
ARRESTED? Y	ES:X NO:	ARRESTING A	GENCY: Entequise P.D.
TYPE OF ARRE	ST: WARRA	NT: CALL:	ON-VIEW:
ARRESTING OF	FICER: Musia	LOCAT	ION: 700 Block Adams Str
OFFENSE(S):	Bury lary	MISDEME MISDEME MISDEME	ANOR FELONY ANOR FELONY
TRANSFERRED	FROM: [p.forp.	vice JD HOLDI	FOR (agency):
RELEASE INFOR	MATION: Mu	Bond set	Ise Sherling
SENTENCING IN	FORMATION:		
COMMENTS:			
COMPLETED BY		BOOKE	
		SEARCHED:_ FINGERPRINTS:_	PHOTO GREEN CARD
Enterprise P.D. For	m 06 040		• • •



	INMATE PROPERTY LIST					
Name of Inmate:	yns freser Date 2-192					
Receiving Officer:	5.50					
incarceration.	correct list of items removed from my possession at the time of my					
Signature of Inmate.	Cyris Pierson					
Item	Description					
de	DATS - Beige in color					
000	Shirt - Dail in color					
are	BOHT - Brown IN COLOR					
on our	Shortage - white in 1065					
dret	COOX - Police Nocolas					
	11					
indicated on any proj 200 <u>5</u> , at <u>1330</u>						
Signature of Inmate: Kyruflunow Releasing Officer: Ruth						

Washcloth

Uniform

Laundry Bag

Shower Shoes

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator

INMATE ISSUE LIST

Date: 4, (4, 00

Name of Inmate: YOU I See Receiving Officer:

ITEMS ISSUED

•		TI CMD 130 CD
Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel		
Washcloth	1	*
Laundry Bag		,
Uniform		
Shower Shoes	1	
Soap		
Deodorant		
Toothpaste	-	
Toothbrush		•
Toilet Paper		
	•.	ITEMS RETURNED
Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel	·	

Release Date:	 Releasing Officer:	

COFFEE COUNTY JAIL Ben Moates, Sheriff

Zack Ennis, Administrator

INMATE MEDICAL SCREENING SHEET

Page #1

Name of Inmate:

Receiving Officer:

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		X	
Arthritis		7	
Asthma		X	
Diabetes		4	
Epilepsy		7	
Fainting Spells		4	
Heart Condition		4	
Hepatitis		9	
High B/P		4	
Psychiatric Disorder		9	
Seizures	X		Epiletal
Tuberculosis		7	
Ulcers		N	
Venereal Disease) (v	
OTHER		P	

COFFEE COUNTY JAIL

Ben Moates, Sheriff Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page #2 Receiving Officer: Answer the following questions Y (Yes) or N (No): Have you recently been hospitalized or treated by a doctor? Are you currently taking any medications prescribed by a doctor? Are you allergic to any medications? Do you have any handicaps or conditions that limit activity? Have you ever attempted suicide or are you thinking about it at this time? Do you regularly use alcohol? Do you regularly use street drugs? No Do you have a diet prescribed by a doctor? Do you have any problems with your teeth? Do you have medical insurance? WIf yes, with whom? Do you have a personal doctor **NO** If yes, who is it? If you are female, are you Pregnant?] If you are female, do you take birth control pills? If you are female, have you recently delivered? In case of an emergency, who do you want us to contact Relationship Name: Address: Phone Number of Emergency Contact: Comments: If any other explanations are needed, please continue on back of this page>>> authorize the Jail Staff access to my medical information. Date

EXHIBIT D

Inmate file, records for arrest dated 4/13/2005 (third degree theft of property and resisting arrest)

ENTERPRISE POLICE DEPARTMENT

TRANSPORT SHEET (Coffee County Jail)

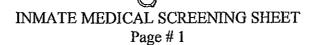
DATE 4, 13-05, 20	004	TIME_	2015	Al	M/PM
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NAME Pienson LAST	Cynus		Du	mon	0
LAST	FIRST			MID	DLE
ADDRESS 707 W. Apar	<u>บ</u> CITY_	Enter	Prise	_ZIP_	3(2) 8
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ARRESTING OFFICER <u>wer</u>	zel L(OCATION	N WALA	riAn (
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Enterprise P.D. Form 96-040

•	<i>(</i>) ·	INMATE ISSUE LIST					
Name of Immate	Name of Inmate: Pierson 4745 . Date: 04-13-05						
Receiving Officer: Caradine							
		ITEMS ISSUED					
Item	Amount	Comments					
Mattress	X						
Blanket	X						
Sheet	<u> X</u>						
Towel	X						
Washcloth	X						
Laundry Bag	X						
Uniform	χ.						
Shower Shoes	X						
Soap	'						
Deodorant							
Toothpaste							
Toothbrush							
Toilet Paper							
	,	ITEMS RETURNED					
Item Mattress	Amount	Comments					
<u> </u>	-						
Blanket							
Sheet		· · · · · · · · · · · · · · · · · · ·					
Towel							
Washcloth							
Laundry Bag							
Uniform							
Shower Shoes							
Release Date:	····	Releasing Officer:					

INMATE PROPERTY LIST

Name of Inmate:	verson Cyrus	Date: <u>04-13-05</u>
Receiving Officer:_	Lexson Cyrus Caradine	
,		
I certify that this is incarceration.	s a correct list of items removed fron	n my possession at the time of my
Signature of Inmate	:: X: Cyrus-Pierson	
Item	Description	
Shert	Red	
Pants	Red	·
Short	Girey	
Shoes	_B(K	
		, , , , , , , , , , , , , , , , , , ,
		<u>, , , , , , , , , , , , , , , , , , , </u>
I received all of th	e above listed property (minus an	v previously released property as
indicated on any p	property release form) on this, the	day of,
200, at	_hrs_/	
Signature of Inmate	Releasing	g Officer:
	for Cyrus Dierson	
	Prson	
	J	



Name of Inmate:	ierson Cyrus
Receiving Officer:	Caradine

Date: 04-13-05

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		×	• •
Arthritis		X	
Asthma		×	
Diabetes		×	
Epilepsy		×	
Fainting Spells		×	
Heart Condition		×	
Hepatitis		×	
High B/P		×	
Psychiatric Disorder		×	
Seizures	×		
Tuberculosis		×	
Ulcers		×	
Venereal Disease		×	
OTHER		×	



INMATE MEDICAL SCREENING SHEET Page # 2

Name of Inmate: Pierson Cyr	u5	Date: <u>04-13-05</u>
Name of Inmate: Revision Cyr. Receiving Officer: Canadia	******	
Answer the following question	s Y (Yes) or N (No)·
Have you recently been hospitalized	or treated by a do	octor?
Are you currently taking any medications	tions prescribed h	v a doctor? 1166 / 641211999
Are you allergic to any medications	S MU	The Casismis Mea
Do you have any handicaps or cond		ivity?N6
Have you ever attempted suicide, or		
Do you regularly use alcohol? No	,	
Do you regularly use street drugs?	් පි	
Do you have a diet prescribed by a	, -	
Do you have any problems with you	r teeth?NO	
Do you have medical insurance? No	If yes, with whom	1?
Do you have a personal doctor? NO	If yes, who is it?_	
If you are female, are you Pregnant?		
If you are female, do you take birth		
If you are female, have you recently		

In case of an emergency, who	do you want us	to contact?
Name: Wanda Pierson Address:	Relationship	Mother
Address:	 .	110.101
Phone Number of Emergency C	ontact:	392-8189
Comments:	ontaot	370 800 7
Comments.	· · · · · · · · · · · · · · · · · · ·	
If any other explanation	s are needed, pleas	se continue on back of this page>>>
		f access to my medical information.
	nus Piera ature	on 04-13-2005
V_{Sign}	ature	Date
Digit		

EXHIBIT E

Inmate file, records for arrest dated 6/27/2005 (failure to appear)

ENTERPRISE POLICE DEPARTMENT TRANSPORT SHEET (Coffee County Jail)

DATE	<u>u/27</u> ,20)04°	TIME 100	0	_AM/PM
STATUS	STATECITY		FEDERAL_COUNTY_ (List Divisio		
NAME	Pierce	apara a sa			
	Pierso.s LAST	FIRST			MDDLE
ADDRESS	70.7 W. Ada.	ues CITY	Enterpr	<i>√5*</i> € ZI	P <u>36330</u>
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AGE 18	SEX M RAC	E <u>&</u> WEI	GHT <u>/5</u> 6	_HEIGHT	5.10
HAIR BLI	EYES BAU	DOB_	o 4/m/8c	<u>, </u>	
ARRESTED?	YESNO	ARRE	STING AGEN	NCY EN	terprise
TYPE OF ARI	REST WAR	RANT	BALL	_ON-VIEV	W
ARRESTING	OFFICER MASO	an, Jahal	OCATION_	Enterpri	<u> </u>
OFFENSE(S)	FTA		EMEANOR_		
			EMAENOR_		
		MISD	EMEANOR_	FEL()NY
TRANSFERRI	ED FROM	H	OLD FOR (ag	gency)	
RELAESE INF	ORMATION				
SENTENCING	INFORMATION_				
COMMENTS_					
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		SEARCHED_		PHOTO_	
		FINGERPRINT	<u> </u>	GREEN C.	ARD

Enterprise P.D. Form 96-040

INMATE PROPERTY LIST

Name of Inmate:	grus Pierson Date: 6-27-de 5. Roberts
inagraphian	a correct list of items removed from my possession at the time of my
Item	Description
Ponto	Green
Shirt	Their
3h.00	Timbelin
B. 0+	RIK
<u>GCCC</u>	-910
<u> </u>	
	•
	·
I received all of the indicated on any property at	e above listed property (minus any previously released property as roperty release form) on this, the

COFFEE COUNTY JAIL Ben Moates, Sheriff

Zack Ennis, Administrator

INMATE MEDICAL SCREENING SHEET Page #1

Name of Inmate: Curus Pierson	Date: 6-27-d
Receiving Officer: 3.R Obert	_

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies			
Arthritis			
Asthma			
Diabetes			
Epilepsy			
Fainting Spells			
Heart Condition			·
Hepatitis			
High B/P			
Psychiatric Disorder			
Seizures			
Tuberculosis			·
Ulcers			
Venereal Disease			
OTHER			

COFFEE COUNTY JAIL

Ben Moates, Sheriff Zack Ennis, Administrator

INMATE MEDICAL SCREENING SHEET

Page # 2 Date: 6-27-63 Name of Inmate: Receiving Officer: Answer the following questions Y (Yes) or N (No): Have you recently been hospitalized or treated by a doctor? <u>A</u> Are you allergic to any medications? Do you regularly use alcohol? 1 Do you regularly use street drugs? Do you have a diet prescribed by a doctor? Do you have any problems with your, teeth? Do you have medical insurance? If yes, with whom? Do you have a personal doctor? If yes, who is it?_ If you are female, are you Pregnant? If you are female, do you take birth control pills?___ If you are female, have you recently delivered? In case of an emergency, who do you want us to contact? Name: Wanda Pierson Relationship Moll Address: Phone Number of Emergency Contact: Comments: If any other explanations are needed, please continue on back of this page>>> SPIERS Nauthorize the Jail Staff access to my medical information.

| Spiers Nauthorize the Jail Staff access to my medical information.
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EXHIBIT F

Inmate file, records for arrest dated 11/25/2005 (disorderly conduct)

ENTERPRISE POLICE DEPARTMENT

TRANSPORT SHEET (Coffee County Jail)

DATE // /25 ,-2	2005 2004	TIME	1330	AM/PM
STATUS STATE CITY L			ion if Coffe	
NAME Pierson LAST	Cyris		De.	mored
LAST	FIRS'	r		MIDDLE
ADDRESS 707 w. Alm	ms ST CITY	ENterpo	IK !	ZIP 34330
POB ALABAMA	SSN_47	.2-23-6 Z5 ⁻ 9	LICEN	SE //n
AGE 19 SEX M RAC	CE <u>/3</u> WEI	GHT/57	HEIGH	T 5 9
HAIR BUL EYES BRO	DOB_	9-16-86	, <u> </u>	
ARRESTED? YESNO	_ ARRE	ESTING AGE	ENCY E	skipine
TYPE OF ARREST WAI	RRANT	CALL	ON-VII	EW
ARRESTING OFFICER Maso.	y, John CE	OCATION_	Ent ferpur	<u></u>
OFFENSE(S) Disorderly Co	indus MISI	DEMEANOR	FEI	ONY
	TATIST	NEWTATION	/LE1	JON Y
<u> </u>	MISE	DEMEANOR	LFEI	ONY
TRANSFERRED FROM	H	OLD FOR (agency)	
RELAESE INFORMATION	7,5411			
SENTENCING INFORMATION_				·
COMMENTS	1			
COMPLETED BY MARON,	Tohnic	BOOKED B	Y	
	SEARCHED_		PHOTO	
	FINGERPRIN	rs	GREEN	CARD

Enterprise P.D. Form 96-040

Copy

COFFEE COUNTY JAIL Ben Moates, Sheriff

Zack Ennis, Administrator

INMATE RULES AND REGULATIONS

page 1

Name of Inmate

Receiving Officer:

Date: 11/25/05

- 1. Upon entering the Coffee County Jail, each inmate will surrender all his/her personal items, including shoes and jewelry, with the exception of a wedding band and a watch.
- 2. There will be no tobacco products, matches or cigarette lighters allowed. These will be considered contraband and violators will be prosecuted.
- 3. No hats, caps, doo rags or any other kind of head covering will be allowed.
- 4. All money will be put on the books, no exceptions.
- 5. The jail will accept money and other allowable items for inmates on Wednesdays from 8 am until 5pm, and during visitation on Saturdays and Sundays.
- 6. Visitation for Cellblocks 1 and 2 is on Sundays from 1 pm until 3 pm. Adults and children will be allowed to visit. Visitation for CB 3 is on Saturdays from 2 pm until 2:45 pm. Adults and children will be allowed to visit. Visitation for Trustees is on Saturdays from 1 pm until 2 pm, adults and children are allowed to visit at this time. CB 4 will visit on Saturdays at 3 pm and female visitation is on Saturdays at 4 pm. All visitors must show picture I.D., no exceptions.
- 7. Inmates are allowed to have six (6) sets of underclothes and six pair of socks. They are allowed to have two pair of thermal underwear. All items must be white in color and have the inmate's name in them. No under wire bras are allowed.
 - 8. Inmates are allowed to have a Bible.
 - 9. Inmates are allowed pencils only, no ink pens!!
- 10. Radios with earphones may be purchased from the jail store. No tape players or recording devices of any kind are allowed.

COFFEE COUNTY JAIL Ben Moates, Sheriff

Zack Ennis, Administrator



- 11. Inmates have thirty (30) days from entry to have personal clothes picked up, with the exception of one shirt, one pair of pants and one pair of shoes. Items may be disposed of at the jail's discretion after the thirty days.
- 12. Inmates going to court will be required to wear jail clothes. If an inmate goes to jury trial, he/she may wear personal clothing.
- 13. Any inmate found guilty of deliberately damaging County Jail property, will be prosecuted.
- 14. Inmates will be required to keep their living area clean and orderly, and are required to be fully dressed when not in the sleeping area.
- 15. Inmates will be charged a fee of ten dollars (\$10.00) for each medical trip they require, and a fee of five dollars (\$5.00) for each prescription issued. This money will come out of the inmate's Commissary Account, short of complete depletion of the account.
- 16. Inmates using excessive vulgar language may lose privileges.
- 17. Inmates' custody status will be determined by the Sheriff and/or the Jail Administrator.
- 18. Inmate grievance forms are available upon request to all inmates.
- 19. Any inmate who assaults or attempts to assault jail personnel, other inmates or any other persons, shall be prosecuted.
- 20. Medical Treatment Request Slips will be available upon request from a C/O and forwarded to the Jail Administrator, who will make the necessary and appropriate appointments.

Additional Rules and Regulations may be posted and must be followed !!!



Name of Inmate: C	Date: 11/25/05
Receiving Officer:	Date: 11/25/05
incarceration.	a correct list of items removed from my possession at the time of my
Signature of Inmate;	EGNIS PILLOSON
Item	Description
Belt	1 Black Delf Rebocks
Sltoe	Rebochs
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	· · · · · · · · · · · · · · · · · · ·
- · · · · ·	· · · · · · · · · · · · · · · · · · ·
<u>j</u>	
indicated on any pr	above listed property (minus any previously released property as operty release form) on this, theday of, hrs.
Signature of Inmate:	Releasing Officer:



INMATE MEDICAL SCREENING SHEET Page #1

Name of Inmate.	yrus.	Pierson
Receiving Officer:_	4. W	edo

Date: 11/25/05

Do you, or have you ever had any of the following?

If yes, give explanation if needed Yes No Allergies **Arthritis** Asthma Diabetes **Epilepsy** Fainting Spells **Heart Condition** Hepatitis High B/P **Psychiatric** Disorder Seizures **Tuberculosis** Ulcers Venereal Disease **OTHER**

COFFEE COUNTY JAIL Ben Moates, Sheriff

Zack Ennis, Administrator

INMATE MEDICAL SCREENING SHEET

Page # 2

lage # 2
Name of Inmate: 4-45 Derson Date: 11/25/08
Receiving Officer: /- Wetter

Answer the following questions Y (Yes) or N (No):
Have you recently been hospitalized or treated by a doctor?
Are you currently taking any medications prescribed by a doctor?
Are you allergic to any medications?
Do you have any handicaps or conditions that limit activity?
Have you ever attempted suicide, or are you thinking about it at this time?
Do you regularly use alcohol?
Do you regularly use street drugs?
Do you have a diet prescribed by a doctor?
Do you have any problems with your teeth?
Do you have medical insurance? If yes, with whom?
Do you have medical insurance? If yes, with whom? Do you have a personal doctor? If yes, who is it?
If you are female, are you Pregnant?
If you are female, do you take birth control pills?
If you are female, have you recently delivered?

In case of an emergency, who do you want us to contact?
Name:Relationship
Address:
Phone Number of Emergency Contact:
Comments:
If any other explanations are needed, please continue on back of this page>>>
I, Oyrus Piersa authorize the Jail Staff access to my medical information.
* Wing Kleman 11/25/01
Signature Date

EXHIBIT G

Inmate file, records for arrest dated 11/30/2005 (distribution of a controlled substance)

Coffee County Jail
Ben Moates, Sheriff
Zack Ennis, Administrator

INTAKE SHEET

CR 8444

Date: 14/30/05		
Time: 1538		
Status: STFEDCITYCOU	NTYX	COFFEE CO. Ent Div Lelba Div
Name: Pierson Cyrus	Desmond	ss#: 422 23-0259
1.450		4 4
Address: 707 W. Adams St. Enterp. Street City	VISC State	e Zip Code
DOB: 9 i 16 1/986 POB: Oza/K City	Dale 18	N USA_
City	County Sta	te Country
Age: 19 Race: 8 Sex: M Hair: 8/16	Eyes: 1510 Weigh	t: <u>140</u> Height: <u>3</u> 8
License or ID #: 1/one	•	
Arresting Agency: Loffice Co S.O. Arresting Officer:	Bradley	Location of Arrest: Lack Hive &
Type of Arrest: Warrant Call View		Pleager Enterpri
,		,
Offense	Mis	Fel Bond
1- Distribution of a Controlled Si	ubstance	D See Judge
2		500.00
3		
4		
HOLDS: Must See Tude	1 3e	INTAKE SHEET NUMBER
	/	
m ! c		
This form	completed by:	
Booked by: Searched Y/N I	NA VALUE DE VA	Green Card Y/N
	Photo Y/N FPs Y/N	
Comments:	Photo X/IN FPS J/F	
Comments:	PLOTO XVIV FFS VIV	

			C.
	1	Δ	INMATE ISSUE LIST
Name of Inmate:	rieksoi	n C	rus
Receiving Officer:	Ca	rad	~e

Date: 11-30-05

ITEMS ISSUED

ltem	Amount	Comments			•	
Mattress	x			····		
Blanket	×					
Sheet	×			<u></u>		·
Towel	×	•				
Washcloth	×			· · · · · · · · · · · · · · · · · · ·		
Laundry Bag	×		^	· · · · ·		
Uniform	X	·				
Shower Shoes	×					
Soap						······
Deodorant			<u>.</u> .	***	<u> </u>	
Toothpaste						
Toothbrush						
Toilet Paper						

ITEMS RETURNED

Item .	Amount	Comments					 	
Mattress							 	
Blanket							 ·	<u>.</u>
Sheet				,				
Towel			_					•
Washcloth							 	
Laundry Bag					i ,		 	
Uniform					•		 	
Shower Shoes								

Release Date: Dec 01, 05

Releasing Officer:

INMATE MEDICAL SCREENING SHEET Page #1

Name of Inmate: Pierson Cyrus	Date: 11- 30- 05
Receiving Officer: Canadine	

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		×	
Arthritis		1	
Asthma			
Diabetes			
Epilepsy			
Fainting Spells			
Heart Condition			
Hepatitis			
High B/P			
Psychiatric Disorder			
Seizures			
Tuberculosis			
Ulcers			
Venereal Disease			
OTHER		×	

COFFEE COUNTY JAIL

Ben Moates, Sheriff Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET Page # 2

Name of Inmate: 1 erson	Cyrus	Date: 11-30-05
Receiving Officer:	uadno *******	*
Answer the following que	estions Y (Yes) or	N (No):
Have you recently been hosp		
Are you currently taking any		
Are you allergic to any medic		
Do you have any handicaps o	r conditions that limit	activity?No
		ng about it at this time? No Yes
Do you regularly use alcohol	,MV	(
Do you regularly use street d		
Do you have a diet prescribed		
Do you have any problems w		
Do you have medical insuran	ce? <u>No</u> If yes, with wh	10m?
Do you have a personal doctor	or? <u>NO</u> If yes, who is i	t?
If you are female, are you Pre		
If you are female, do you take	birth control pills?	
If you are female, have you re	cently delivered?	d. ·
T C		•
In case of an emergency		
Name:	Relations	ship
Address:		
	·····	
Phone Number of Emerge	ency Contact:	
Comments:		
:		
If any other expla	anations are needed, p	lease continue on back of this page>>>
•	, 1	1.6-
I, Cyrus Pierson	authorize the Jail S	Staff access to my medical information.
	×	11-30-05
	Signature	Date

EXHIBIT H

Inmate file, records for arrest dated 12/20/2005 (contempt)

ENTERPRISE POLICE DEPARTMENT TRANSPORT SHEET (Coffee County Jail)

date <u>/ 2 - 20 -</u>	, 2005	TIME	12:24 AMPM
STATUS ST CI	TATETY_Enterprise	FEDERAL_ COUNTY (List Division	
NAME Fierson LAST		FIRST	Dosmond MIDDLE
address 70? W	Adams St.	CITY Enterpois	ZIP 36530
POB Enterprise	SS	SN 422-23-02	59 LICENSE LAT.
AGE /9 SEX //	?RACE	WEIGHT <u>150</u>	HEIGHT 5'09
HAIR B/K EYES	Bro	DOB 09/16/8/6	
ARRESTED? YES /X	_NO	ARRESTING AGE	NCY EPD
TYPE OF ARREST	WARRANT_	X CALL	ON-VIEW
ARRESTING OFFICE	Chris Mason	LOCATION_	W. Park
OFFENSE(S)	Corkapt	MISDEMEANOR MISDEMAENOR MISDEMEANOR	FELONYFELONY
TRANSFERRED FROM		HOLD FOR (agency)
RELAESE INFORMA	rion <u>/ \$500.00</u>	o Cash bond Of	
SENTENCING INFOR	MATION		
, - · · · · · · · · · · · · · · · · · ·			. //
COMPLETED BY	Kyan Wambles SEAF FING	BOOKED CHED 195 ERPRINTS 10	BY Joseph Childrens PHOTO 10 GREEN CARD 10



Name of Inmate: Lyrus Dute: 12-70-0
Receiving Officer: 3 - Roberts
I certify that this is a correct list of items removed from my possession at the time of my incarceration. Signature of Inmate: Your Pure Signature of Inmate:
Item Description
Belt Black
Jacket Black
Janket Many
Party Raise
Shaper Bland
Sier Sier
I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the

INMATE MEDICAL SCREENING SHEET Page # 1

Name of Inmate:	Syr	us.	\mathcal{L}	w	Lev
Receiving Officer:	3	S.	Ob	ent	•

Date: 12-20-65

Do you, or have you ever had any of the following?

If yes, give explanation if needed No Yes Allergies Arthritis Asthma Diabetes **Epilepsy Fainting Spells Heart Condition** Hepatitis High B/P Psychiatric Disorder Seizures **Tuberculosis** Ulcers Venereal Disease **OTHER**

INMATE MEDICAL SCREENING SHEET

Page # 2 Name of Inmate: Date: 12-20-00 Receiving Officer: Answer the following questions Y (Yes) or N (No): Have you recently been hospitalized or treated by a doctor? Are you currently taking any medications prescribed by a doctor? Are you allergic to any medications? Do you have any handicaps or conditions that limit activity? Have you ever attempted suicide, or are you thinking about it at this time? Do you regularly use alcohol? Do you regularly use street drugs? Do you have a diet prescribed by a doctor? Do you have any problems with your teeth? 1 Do you have medical insurance? Affres, with whom? Do you have a personal doctor? If yes, who is it? If you are female, are you Pregnant? If you are female, do you take birth control pills? If you are female, have you recently delivered? In case of an emergency, who do you want us to contact? Puncon Relationship Address: Phone Number of Emergency Contact: Comments: If any other explanations are needed, please continue on back of this page>>> -US PIEIS on authorize the Jail Staff access to my medical information.

EXHIBIT I

Inmate file, records for arrest dated 7/6/2006 (failure to appear)

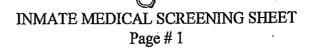
ENTERPRISE POLICE DEPARTMENT

TRANSPORT SHEET (Coffee County Jail) TIME 03:00 AM/PM STATUS STATE FEDERAL CITY COUNTY (List Division if Coffee) RACE / HEIGHT 6 ARRESTED? YES_\(\sigma\)NO ARRESTING AGENCY Z TYPE OF ARREST WARRANT CALL ARRESTING OFFICER Ke, dLOCATION COFFER Country OFFENSE(S) failure to Appear MISDEMEANOR 😾 FELONY **MISDEMAENOR FELONY** MISDEMEANOR **FELONY** TRANSFERRED FROM HOLD FOR (agency) RELAESE INFORMATION SENTENCING INFORMATION COMMENTS BOOKED BY SEARCHED **PHOTO** FINGERPRINTS GREEN CARD

Enterprise P.D. Form 96-040

INMATE PROPERTY LIST

Name of Inmate:	yrus Dieson Date: 7-6-200	(
Receiving Officer:_	5-000	
I certify that this is	******** s a correct list of items removed from my possession at the time of my	
incarceration.		
Signature of Inmate	:Xyud Gierson	
Item	Description ,	
no Daw	Sieakers - Blackingolo	
sce!	Shorts - gray in War	
	ANOTHING BUILDES	
· ·		
	1	
<u> </u>		
I received all of the	above listed property (minus any previously released property as	
indicated on any pro 200 at 1235	operty release form) on this, the day of July	
Signature of Immate: <u>(</u>		
	v .	



Name of Inmate: Cyrus Pierson	Date: 7-6-204
Receiving Officer: 5 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		م	
Arthritis		4	
Asthma		P	
Diabetes		7	
Epilepsy		P	
Fainting Spells		φ	
Heart Condition		9	
Hepatitis		9	
High B/P		9	
Psychiatric Disorder		4	
Seizures	γ.		
Tuberculosis		¥	
Ulcers		+	
Venereal Disease		+	
OTHER		1	

COFFEE COUNTY JAIL

Ben Moates, Sheriff Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

rage # 2
Name of Inmate: Cyros Piason Date: 7-6 200
Receiving Officer:
Answer the following questions Y (Yes) or N (No):
Have you recently been hospitalized or treated by a doctor?
Are you currently taking any medications prescribed by a doctor?
Are you allergic to any medications?
Do you have any handicaps or conditions that limit activity?
Have you ever attempted suicide, or are you thinking about it at this time?
Do you regularly use alcohol?
Do you regularly use street drugs?
Do you have a diet prescribed by a doctor?
Do you have any problems with your teeth?
Do you have medical insurance? If yes, with whom?
Do you have a personal doctor? If yes, who is it?
If you are female, are you Pregnant?
If you are female, do you take birth control pills?
If you are female, have you recently delivered?

In case of an emergency, who do you want us to contact?
Name: Relationship
Address:
Phone Number of Emergency Contact:
<u> </u>
Comments:
If any other explanations are needed, please continue on back of this page>>>
I, Cyrus fiego authorize the Jail Staff access to my medical information.
Signortine Date

EXHIBIT J

Inmate file, records for arrest dated 8/2/2006 (second degree receipt of stolen property)

ENTERPRISE POLICE DEPARTMENT TRANSPORT SHEET (Coffee County Jail)

DATE: 8- 2	. 20 <u>06</u>	TIME: 1652	MEDI
STATUS	STATE CITY ENTERING	FEDERAL COUNTY (List Division if Co	
NAME: <u>Pie</u> a L	AST CYA	us DESMOND FIRST	MIDDLE
ADDRESS: 707	W ADAMS	CITY Editalust	ZIP CODE 3633
	•	SSN: 422-23-02-5	
		& WEIGHT (50	
HAIR: BLIC	EYES: BNA	DOB: 9-16	-85
ARRESTED? YE	S:NO:	ARRESTING AGENCY:	TENTRUE J. D.
TYPE OF ARRES	T: WARRANT:	CALL:	ON-VIEW:
		LOCATION: 204	
OFFENSE(S): <u>Rāc</u>	ELYLAG STOLE of Ing	MISDEMEANOR MISDEMEANOR MISDEMEANOR	FELONY _FELONY
TRANSFERRED FI	ROM:	HOLD FOR (agency	
RELEASE INFORM	AATION: No	BOAP PER Ju	
SENTENCING INFO	ORMATION:		
COMMENTS:			
		BOOKED BY:	
•		SEARCHED: PHOT FINGERPRINTS: GREE	O
-	•	GREE	EN CARD

Enterprise P.D. Form 96-040



	D	INMATE ISSUE LIST Date: 8/2/06
 Name of Inmate Receiving Office 	: <i><u>//<i>exo</i></u> er: //</i>	mor Cyrus Date: 8/2/06
**************************************		•
Item	Amount	Comments
Mattress	X	
Blanket	χ	
Sheet	Х	
Towel	k	
Washcloth	X	•
Laundry Bag	∕20 ·	* /
Uniform	Х	
Shower Shoes	X	>
Soap		
Deodorant		
Toothpaste		
Toothbrush		
Toilet Paper		
	,	ITEMS RETURNED
Item Mattress	Amount	Comments
Blanket		
Sheet		
Towel		
Washcloth		
Laundry Bag		
Uniform		
Shower Shoes		·
OHOWEI DINES		
Release Date:		Releasing Officer:

INMATE PROPERTY LIST

Name of Inmate:	Carach		Date: 8/2/06
Receiving Officer:	Carach		
•	****	***	
I certify that this is incarceration.	a correct list of items remo	ved from my possess	sion at the time of my
Signature of Inmate	xCyrus Til	Won	
Item	Description		
Shats	Blu		
3hrst	Bek		
Shies	Blu		
:			
-			
<u>,</u>			
			:
	above listed property (no operty release form) on		released property as

WWW I MACRE LEASING Officer



INMATE MEDICAL SCREENING SHEET Page # 1

Name of Inmate: Prenson Cyrus	_
Receiving Officer:	_

Date: 8/2/06

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies	·	×	
Arthritis			·
Asthma			
Diabetes			
Epilepsy			
Fainting Spells			
Heart Condition			
Hepatitis			
High B/P			
Psychiatric Disorder		×	
Seizures	X		
Tuberculosis		۷.	
Ulcers		1	
Venereal Disease			
OTHER		1	



INMATE MEDICAL SCREENING SHEET Page # 2

Name of Inmate: Pickson Cyrus Date: 8/2/06
Name of Inmate: <u>Picyson Cyrus</u> Receiving Officer: Cara C *********
Answer the following questions Y (Yes) or N (No): Have you recently been hospitalized or treated by a doctor? NO Are you allergic to any medications prescribed by a doctor? NO Do you have any handicaps or conditions that limit activity? NO Have you ever attempted suicide, or are you thinking about it at this time? NO Do you regularly use alcohol? NO Do you have a diet prescribed by a doctor? NO Do you have any problems with your teeth? NO Do you have medical insurance? NO If yes, with whom? If you are female, are you Pregnant? If you are female, do you take birth control pills? **********************************
In case of an emergency, who do you want us to contact?
Name: Relationship
Address:
Phone Number of Emergency Contact: Comments:
If any other explanations are needed, please continue on back of this page>>>
authorize the Jail Staff access to my medical information.
CMM 7/11/2008/2/06
Signature Date

EXHIBIT K

Inmate file, records for arrest dated 4/13/2005 (sureties filed to come off of the Plaintiff's bond)



Coffee County Jail Dave Sutton Sheriff Capt. Richard B. Moss Administrator

INTAKE SHEET

Date: 2/-/)- 0 /	
Time: /200	
Status; STFEDCITYCOUNTYCOFFEE CO: Ent Div / Ell	ba Div
Name: P. erson Cyrus SS#:411-23-01-5 Last First Middle	19
Address: 707 W. Ham Entuperio Al 3633 & Zip Code	-
DOB: 9 116 186 POB: Enterprise County State Country	
Age: 20 Race: Sex: M Hair: AK Eyes: Rvo Weight: 160 Height: 516	7
License or ID #:**Cases #	<u></u>
Arresting Agency Circuit Courtresting Officer: Tuelge Burboation of Arrest:	
Type of Arrest: Warrant Call View GJI	
Offense Mis Fel Bond	
1- Hold Judge Barr W/A NOBond	
2	
3- Court April 25, 2087@89:00 A.M.	
4	
HOLDS: INTAKE SHEET NUM	BER
This form completed by:	-
Booked by: Searched Y/N Photo Y/N FPs Y/N Green Card Y/N	
Comments:	

COFFEE COUNTY JAIL INMATE ISSUE LIST

Dave Sutton, S Name of Inmate Receiving Office	e: Ly	rus	Purson	Capt. Richard B. Moss, Admn. Date: 4-1/-07
Item	Amount	Comments	ITEMS ISSUED	
Mattress				
Blanket	1			
Sheet	•			
Towel				
Washcloth				
Laundry Bag				
Uniform	2			
Shower Shoes	1			
Cyrus E.	iera	ØNIT	and charges of the Co	se items. 5-ROBER rections Officer
Mattress	Amount	Comments		
Blanket				
Sheet				,
Towel				
Washcloth				
Laundry Bag		<u> </u>		
Uniform				### M##
Shower Shoes				
Release Date:			Releasing O	ficer:

COFFEE COUNTY JAIL

Dave Sutton Sheriff

Capt. Richard B. Moss Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2
2 CIDI DI DANGON DE HUI-07
Name of Inmate: USUS TURSON Date: 7-1-01
Receiving Officer: 5 Robert

Answer the following questions Y (Yes) or N (No):
Have you recently been hospitalized or treated by a doctor? $ u$
Are you currently taking any medications prescribed by a doctor?
Are you allergic to any medications?
Do you have any handicaps or conditions that limit activity? 10
Have you ever attempted suicide, or are you thinking about it at this time?
Do you regularly use alcohol? 🖊 🔒
Do you regularly use street drugs?
Do you have a diet prescribed by a doctor?
Do you have any problems with your teeth?
Do you have medical insurance? VIf yes, with whom?
Do you have a personal doctor? LIf yes, who is it?
If you are female, are you Pregnant?
If you are female, do you take birth control pills?
If you are female, have you recently delivered?

In case of an emergency, who do you want us to contact?
Name: AZZIG Lee Relationship Grand Wolfer
Address:
Phone Number of Emergency Contact: 348-35/2
Comments: Quan Pilam, -389-7404
Comments.
If any other explanations are needed, please continue on back of this page>>>
If any other explanations are needed, please continue on back of this page.
I, Cyrus Pierson authorize the Jail Staff access to my medical information. X Cyrus Pierson 4 - (1-07) Signature Date
Wante Dingan HJI-17
X YWW TWOON TO
1 Signature Date

COFFEE COUNTY JAIL Dave Sutton Sheriff Capt. Richard B. Moss Administrator

INMATE MEDICAL SCREENING SHEET Page #1

Name of Inmate:

Date: 4-1(-d)

Receiving Officer:

Do you, or have you ever had any of the following?

If yes, give explanation if needed Allergies **Arthritis** Asthma **Diabetes Epilepsy** Fainting Spells **Heart Condition** Hepatitis High B/P **Psychiatric** Disorder Seizures **Tuberculosis** Ulcers Venereal Disease **OTHER**

COFFEE COUNTY JAIL

Dave Sutton Sheriff

Capt. Richard B. Moss Administrator



INMATE PROPERTY LIST

Name of Inmate: Lyrus Purson Date: 4-(1-07
Receiving Officer: 5. Robus
The state of the s
I certify that this is a correct list of items removed from my possession at the time of my incarceration.
Signature of Immate: Lyus Purson
Item Description
Parto Sae
Si di Al.
Thoes Alux White
Cap Orang (A)
I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, theday of
200, atlurs.
Signature of Inmate: Releasing Officer:

Case 1:07-cv-00451-WKW-WC coppesing 12 CENTER 07/19/2007 Page 7 of 8^{PAGE 1}

BONDSMAN'S PROCESS

CC 2006 000399 00 **VDCS**

JID: THOMAS E HEAD

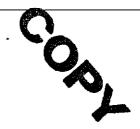
CIRCUIT COURT OF COFFEE COUNTY

STATE OF ALABAMA

VS PIERSON CYRUS DESMOND 707 WEST ADAMS STREET

ENTERPRISE, AL 36330 0000

A-ADVANTAGE BONDING GOLDEN, MATTIE J.



WHEREAS, THE SURETIES ON THE BAIL IN THE ABOVE-STYLED CASE HAVE EXPRESSED THEIR WISH TO SURRENDER THE DEFENDANT TO THE CUSTODY OF THE SHERIFF OR JAILER AND,

WHEREAS, THE CLERK OF COURT HAS CHECKED THE RECORDS AND HAS FOUND THAT THE ABOVE-STYLED CASE IS STILL PENDING; AND THAT THE DEFENDANT OR HIS OR HER SURETIES HAVE NOT BEEN DISCHARGED OF THEIR OBLIGATIONS; OR THAT THE RECORDS IN THE ABOVE-STYLED CASE REFLECT THAT THE DEFENDANT HAS FAILED TO APPEAR ON THE OBLIGATION OF BAIL AS REQUIRED AND A WARRANT HAS BEEN ISSUED FOR THE ARREST OF THE DEFENDANT.

NOW, THEREFORE, THIS PROCESS IS ISSUED, AS REQUIRED BY LAW, GIVING THE RIGHT TO THE SURETIES (BONDSMEN) TO ARREST THE DEFENDANT AT ANY PLACE WITHIN THE STATE OF ALABAMA, OR ALLOWING THE SURETIES TO AUTHORIZE ANOTHER PERSON TO ARREST THE DEFENDANT BY AN ENDORSEMENT IN WRITING ON THIS DOCUMENT BELOW OR ON AN ATTACHMENT TO THIS DOCUMENT. THE SURETY OR BONDSMAN SHALL FORTHWITH, AFTER THE ARREST, TAKE THE DEFENDANT TO THE JAIL, AS CUSTODIAN THEREOF.

ISSUED THIS 27 DAY OF MARCH , 2007.

> JAMES M COUNTS CLERK OF COURT

BONDSMAN RETURN

THIS

TIME

SURETY)

SURRENDERED THE DEFENDANT TO

JAIL.

OF BONDSMA N/SURETY

THIS PROCESS MUST BE RETURNED TO THE CLERK OF COURT WITHIN FIVE (5) DAYS AFTER EXECUTED.

OPERATOR: AMR

PREPARED: 03/27/2007

*Case 1:07-cv-00451-WKW-WCCOPPELINGUNET 2 CENTRED 07/19/2007 Page 8 of 8 PAGE 2

BONDSMAN'S PROCESS

CC 2006 000399 00 **VDCS**

JID: THOMAS E HEAD

NOTICE TO BONDSMAN OR BONDSMAN'S DESIGNEE.

- (1) WHEN NOTIFIED BY THE CLERK OF COURT TO RETURN THIS PROCESS, YOU MUST RETURN IT WITHIN FIVE (5) DAYS OF RECEIVING IT.
- (2) EXECUTION OF THIS PROCESS AFTER THE DEFENDANT HAS BEEN DISCHARGED IS AN ILLEGAL ARREST.

NOTICE TO THE JAILER

UPON RECEIPT OF THE BONDSMAN'S PROCESS, YOU MUST RETURN THIS PROCESS TO THE CLERK OF COURT.



CHARGE: ATT -DISTRIBUTE DRUG

BOND AMOUNT:

\$500.00

IDENTIFICATION OF ACCUSED PERSON

NAME OF ACCUSED PERSON: PIERSON CYRUS DESMONPHONE NUMBER:

SSN: 422-23-0259 DOB: 09161986

AGE: 020 RACE: B SEX: M HT: 508

WT: 140 HR: BLK EY: BRO OTHER:

ADDR:

EMPLOYER/ADDR/PHONE:

WITNESSES

OPERATOR: AMR PREPARED: 03/27/2007

EXHIBIT L

Inmate file, Incident Report dated 1/5/2006



iled 07/19/2007 Page 2 of 2

Coffee County Jail Ben Moates, Sheriff Zack Ennis, Administrator

INCIDENT REPORT

Date and time:

Nature of Incident: Cisht CB2
Place of Incident: CB2

Place of Incident: CB2
Date Occurred: 1\5\06
Time Occurred: 2145

NARRATIVE:

Around 2145 hrs Clo Lamb called fight in CB2.
Clo Brand Arrived at CB2 he SAW Cyrus Pierson And
Martin Caldwell in cell 7 fighting. Also Clo Brysn
SAW Autonio Pounce, And JARVIS Robinson in cell
7 but Clo Bryns did not see them throwing punches.
Cypus Pierson Locked down in Co for 24 hrs.
Martin Caldwell was moved to CB3.
End of statement

Was an Offense Committed? 1/05 Was an Inmate Charged? NO	•
Name of Inmate: Cypus Pierson And Martin Caldwe	l,
Signature of Reporting Employee: Machael Bare	
Name and Title of Reporting Employee (Print): 140/6 h & h & cuse & visor	2 Michael Bruke
Report Delivered To: 2 Mck Euris	- Milline Digit
Date: 1/\$/06 Time: 2210	
Signature of Supervisor Receiving Report:	
Date: Time:	4

EXHIBIT M

Inmate file, Incident Report dated 3/20/2006





Coffee County Jail Ben Moates, Sheriff Zack Ennis, Administrator

INCIDENT REPORT

Date and time: 3/20/2006 (0515)

Nature of Incident: Fight

Place of Incident: CB 2 Dayroom

Date Occurred:

3/20/2006

Time Occurred:

0505

NARRATIVE:

On the above stated date and time while performing duties as the 3 rd Shift Supervisor at the Coffee County Jail,
upon performing my routine camera security observations, it was noticed by my person that certain inmates in
CB 1 were standing immobile in the middle of the dayroom floor looking in the general direction of CB 2. Seeing
this as a clue to possible trouble in CB 2 and switching the camera over to same, it was observed that two inmates
were apparently gesturing wildly at each other in what looked like some kind of argument. Upon seeing same,
Officer Cole (who was observing the cameras as well) was advised by my person that we had trouble in CB 2. No
sooner had I rose from the chair to advance towards CB 2 did the swinging start and thus the two inmates began
fighting. Upon entering the cellblock, the fight had stopped. The inmates involved were identified as one Cyrus
Pierson and Alfred Jones. Both were placed on 24 hour lockdown for their own safety and security and to restore
order to the cellblock. Both inmates were checked visually for injuries. No visible injuries were apparent. ******

Was an Offense Committed? Y	es Was an Inmate Charged? No
Name of Inmate: Cyrus Pierso	n / Alfred Jones
Signature of Reporting /	
Employee: Slady King	
Name and Title of Reporting Em	ployee (Print): Stanley J. Lopez / 3 rd Shift Supervisor
Report Delivered To: Desk of Za	ck Ennis
Date: 3/20/2006	ime: 0535
Signature of Supervisor Receiving	g Report:
Date: Time	

EXHIBIT N

Medical recs., Patient Record dated 11/14/2006

Case 1:07-cv-00451-WKW-WC Council 8 15 LFiled 07/19/2007 Page 2 of 4

PATIENT RECORD

Name Jesson Cysus I	Date 11-14-2006 Time 1445 P.M.
Address CCS	Date 11-14-2006 Time 1445 A.M. Age Sex While
County Prisoner	
Complaint: Lat above	Rt eye
History of Complaint: Fat Aght - Lak	end lanuation
Doctor Impression:	Treatment: Nound closure c Dermakand Stin adhes/Ve
Naturi McLeep Att. Doctor Signature	Quality Printing Co.

MEDICAL CENTER ENTERPRISE

MCE-CFT-1

400 North Edwards Street

Enterprise, Alabama 36330

QUALITY PRINTING COMPANY

CONDITIONS FOR TREATMENT

1. MEDICAL AND SURGICAL TREATMENT AND BLOOD TRANSFUSION CONSENT: A patient's care is under the control of his or her attending physicians and the Hospital is not liable for any act or omission in following the instructions of that physician. The undersigned consents to any radiological examination, laboratory procedure, anesthesia, Emergency Room treatment, medical, surgical or diagnostic treatment or hospital services rendered the patient under the general and special instructions of the physician. The undersigned recognizes that all physicians furnishing services to the patient, including the radiologist, anesthesiologist, and emergency room physician are independent contractors and are neither employees nor agents of the Hospital.

2. RELEASE OF INFORMATION: The hospital may disclose all or any part (including Social Security number) of the patient's medical record to any person or corporation which is or may be liable under a contract to the Hospital or the patient or to a family member or employer of the patient for all or part of the Hospital's charge including, but not limited to, hospital or hospital utilization review entities, including the Peer Review Organizations that may perform Medicare/Medicaid/Champus review or those who have an agreement with the patient's employer, insurance companies, workmen's compensation carriers, Veterans Administration, welfare or the patient's employer. The Hospital may disclose any information concerning my case which is necessary or appropriate for medical research. This authorization includes, but is not limited to, the release of information relating to drug, alcohol, HIV/AIDS, and/or psychiatric treatment as specified in Volume 42 of the code of Federal Regulations Part 2. I further authorize any hospital, health care institution, or physician that attended me previously to furnish medical records including

radiologic films and laboratory test results which may be requested by the Hospital or my attending physician. This constitutes my specific authorization and consent, under Alabama Statute, to release my prior medical records to Medical Center Enterprise and to my physician(s).

3. RELEASE FROM LIABILITY FOR VALUABLES: I have been made aware that Medical Center Enterprise provides facilities for the safekeeping of my valuables and, therefore, I release the Hospital from any responsibility due to loss or damage of my clothing, money, jewelry, glasses, dentures or other items of value that I might keep at my bedside, or that may be brought to me by my friends or relatives unless deposited with the Hospital for safekeeping.

4. GUARANTOR/FINANCIAL AGREEMENT: The undersigned and/or patient is entitled to Hospital and/or Physician's benefits of any type whatsoever arising out of any insurance policy or any other party liable to the patient, such benefits are hereby assigned to Medical Center Enterprise, and/or Physician having performed services for this patient during his/her stay at Medical Center Enterprise, and the Radiologist, Pathologist, Anesthesiologist and/or other attending or consulting Physicians, for application to the patient's bill. It is agreed that the Hospital and/or Physician may receipt for any such payment, and such payment will discharge the said insurance company of all obligations under the policy to the extent of such payment. The undersigned and/or patient agrees to be responsible for charges not paid by the assignment. Should the account be referred for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts may be assessed interest at the legal rate.

5. ASSIGNMENT OF INSURANCE BENEFITS: In the event the undersigned is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance insuring patient of any party liable to patient, such benefits are hereby assigned to Medical Center Enterprise for application on patient's bill, and it is agreed that the Hospital may receipt any such payment and such payment shall discharge the said insurance company of any and all obligation under the policy of the extent of such payment, the undersigned and/or patient being responsible for charges not covered by assignment.

6. PHYSICIAN INSURANCE ASSIGNMENT: I, the above named subscriber, hereby authorize payment directly to any physician examining or treating me or any group and/or individual surgical and/or medical radiologist, anesthesiologist, pathologist, emergency room physician benefits herein specified and otherwise payable to me for the services as described but not to exceed the reasonable and customary charge for these services.

7. NOTICE OF OCCUPATIONAL EXPOSURE: Occasionally healthcare workers may experience exposure to your blood or body fluids. If this type of exposure occurs, it may be necessary to perform a blood test on you for the Hepatitis B Virus and the HIV (AIDS) Virus. The testing will be done in a manner intended to preserve your privacy and at no cost to you or your family. The test results will be treated as confidential medical information and will be placed in your hospital medical record. Test results will be reported to others only at your request and with your consent, or as required by law and the policies of Medical Center Enterprise.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ OR HAD THE FOREGOING INFORMATION EXPLAINED, HAS RECEIVED A COPY, AND IS THE PATIENT OR IS DULY AUTHORIZED BY THE PATIENT AS THE PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACT	ICES
"I certify that I have received a copy of Medical Center Enterprise's Notice of Priv	
L Cyrus Presson	11-14-06
Patient Signature	Date
Authority to Sign if Not Patient	
ASSIGNMENT OF MEDICARE BENEFITS: PATIENT CERTIFICATION, INITIAL BLOCK IF APPLICABLE	AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST.
about me to release to the Social Security Administration or its' intermediates or ca authorized benefits be made on my behalf. I assign the benefits payable for physici	the Social Security Act is correct. I authorize any holder of medical or other information rriers any information needed for this or a related claim. I request that payment of ans' services or authorize such physicians or organization to submit a claim to Medicare for left of illness, the Part B deductible for each year, the remaining 20% of reasonable charges
ACKNOWLEDGMENT OF MEDICAID	
	of authorized benefits be made on my behalf. I authorize the treating physician, hospital and lical Assistance requested information concerning medical, insurance and financial records ed to the hospital and/or treating physician for services provided."
CINUD Kingon	
Patient Signature	Date
Guarantor or Guardian Signature	Date
Filh	
Witness	Date

EXHIBIT O

Inmate file, Incident Report dated 1/9/2005

COFFEE COUNTY JAIL BEN MOATES, SHERIFF ZACK ENNIS, ADMINISTRATOR

INCIDENT REPORT

DATE AND TIME: Sunday January 9, 2005

NATURE OF INCIDENT: Drug Paraphernalia

PLACE OF INCIDENT: 19CJ

DATE OCCURRED: January 9, 2005

TIME OCCURRED: 1645

NARRATIVE: At approximately 1645, Enterprise police officers brought in two black males. During the booking process, one of the arrestees, Cyrus Pierson, was being booked in by Officer Jeff Cramer in the computer room. Officer Christy Semonelle came into the room to use the camera and when Officer Cramer reached to hand the camera to Officer Semonelle it was discovered missing. The arrestee, Pierson, handed Officer Semonelle the camera from inside his pants (approximately 1700). Bondsman K.Z. Edwards was here to bond Pierson and Terrick Edwards out when the camera again was missing. Upon a body search of Pierson by Officer Cramer a device used to smoke crack cocaine fell out of the pants leg of Pierson (approximately 1707). The camera was discovered in the top drawer of the cabinet next to the med room by bondsman Edwards who was helping search for the camera. Officer Marcy Childs contacted Dale Grimes via link to advise him of the situation involving Pierson

at approximately 1712. Officer Grimes advised to place a hold on Pierson and he would write charges on Monday. Pierson was dressed out and secured in Cell Block 3. End of Statement.

Was an Offense Committed? Yes Was an Inmate charged? Will Be 1/10
Name of Inmate: Cyrus Pierson
Signature of Reporting Officer:
C/O Sel Cramer
Name and Title of Reporting Officer: Jeff Cramer, Corrections Officer
Report Delivered to: Desk of Zack Ennis
Date: January 9, 2005
<u>Time: 1900</u>
Signature of Supervisor Receiving Report:
Journ Childs - acting superrison
Date: 1/9/05 Time: 1906

EXHIBIT P

Inmate file, records for arrest dated 6/19/2007

Coffee County Jail
Dave Sutton Sheriff
Capt. Richard B. Moss Administrator

INTAKE SHEET

@COPY

		· · · · · · · · · · · · · · · · · · ·	•	* **
Date: 6/19/07			•	
Time: 31/5 pm				
Status: STFEDCITY	COUN	TY	COFFEE CO:	Ent Div / Elba Div
Name: PIERSON C	i/Rus		SS#:422 -25	-0259
		Middle		
Address: 707 W Adam Street	is ENTEROR	īs —	4, 36330	<u> </u>
•			ate Zip Code	
DOB: 09/16/86	POB: OLARK		<u> </u>	
			tate Country	160
Age: <u>20</u> Race: <u>B</u> Sex: <u>M</u>	Hair: BLK Ey	es: <u>Bro</u> Weig	ht: <u>60</u> Height:	5
License or ID#:				
Arresting Agency: <u>CCSO</u>		de Comme	Location of Arrest:	CC-
				
Type of Arrest: Warrant Call	View	_ G1I		
		No.	Dal Dand	
Offense		Mis	Fel Bond	00_
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	A W	RANT	 		
STATE OF FABAM	Α (COFFEE COUN	TY	.DI	STRICT COURT
AGENCY NUMBER:		AW TO	RRANT NUMBER: HER CASE NBR:	WR 2007	000395.00
TO ANY LAWFUL O	FFICER OF THE S	STATE OF AL	ABAMA:		
YOU ARE HEREBY HIM/HER BEFORE ON A CHARGE(S)	OF:				
AND HAVE YOU TH	PROMOT PRISON EN AND THERE TH	I CONTRA C IIS WRIT WI	LASS: C TYPE TH YOUR RETUR	: F COUN N THEREO	TS: 001 N.
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JUDGE CLERK MAG	(May	RICT COUR	·rp·		
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CHARGES: PROMOT	PRISON CONTRA	13A-010-0	37	F FELONY	
NAME: CYRUS PIE	RSON ADAMS		ALIAS: ALIAS:		
ADDRESS: CITY: ENTERPRISE		TE: AL	ZIP: 36330 PHONE: 000	0000	DVD 000
¥			PHONE: 000	000 0000	EXT: 000
EMPLOYMENT: DOB: 09/16/1986 EYE: BRO HEIGHT SID: 000000000	RACE: B I: 5'10" WEIG SSN: 422230259	SEX: M HT: 160 DL NUM:	HAIR: BLK		
<u>.</u>	 Я	XECUT	I O N		
EXECU:	- TED THE WITHIN			E DEFENDA	NT AND
(X)	PLACING DEFEND	ANT IN THE	COFFEE COUNT	Y JAIL	
()	RELEASING DEFE	NDANT ON A	PPEARANCE BON	D	
THIS 19th	DAY OF	Juve			007
		SHERIFF		1	
		BY	sale 5	tum	
COMPLAINANT: CI	PT. RICHARD MOS	s			
	PT. RICHARD MOS 70 CCSO				
Eì	NTERPRISE AL	36330			
OPERATOR: DEC	DATE: 06/0	8/2007			

ALABAMA JUDICIAL INFORMATION SYSTEM

* * * IN THE DISTRICT COURT OF COFFEE COUNTY * * *

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000395.00 OTHER CASE NBR:

COMPLAINT

BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF COFFEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY NARCOTIC, DANGEROUS DRUG, OR CONTROLLED SUBSTANCE, TO-WIT: MARIJUANA, OF THE CODE OF ALABAMA, IN VIOLATION OF 13A-010-037 OF THE STATE OF ALABAMA.

COMPLATIANTE SIGNATURE

@COPY

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.

JUDGE/CLERK/MACISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-037

F FELONY

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/ENTERPRISE/36330

MICHAEL BRYAN/C/O CCJ/ENTERPRISE/36330 STANLEY ROBERTS/C/O CCJ/ENTERPRISE/36330 MIKE MITCHELL/C/O CCJ/ENTERPRISE/36330

OPERATOR: DEC DATE: 06/08/2007

COFFEE COUNTY JAIL INMATE ISSUE LIST

Dave Sutton, Name of Inma	Sherifi te: (xrus Piersor Luntte y Tillo	Capt. Richard B. M. Date: (Capt. Richard B. Moss, Admin. Date: 6-19-07						
Receiving Off	icer:	limite Willio	ns	F						
•		ITEMS ISSU	IED							
Item	Amou		Item Number	Handbook #						
Mattress										
Blanket										
Sheet										
Towel										
Washcloth										
Laundry Bag										
Uniform	22	007-00524P 007-00489P	2001-011125							
	1 0	007-00489P	2007-11925							
Shower										
By Signature, Inplate	I agre	e to the terms and charges	Corrections Officer	<u> </u>						
Item	Amou	ITEMS RETUI	RNED							
Mattress										
Blanket										
Sheet										
Towel										
Washcloth				·						
Laundry Bag										
Uniform				-						
Shower Shoes										
Release Date:		Relea	sing Officer:							

EXHIBIT Q

Inmate file, records for arrest dated 6/20/2007

Coffee County Jail Dave Sutton Sheriff Capt. Richard B. Moss Administrator

INTAKE SHEET



Date: $6/20/67$	
Time: 1105 2M	
Status: ST FED CITY COUNTY	COFFEE CO: Ent Div/Elba Div
Name: CTERSON CTRUS Last First Middle	ss#: <u>422 -23 -0257</u>
Address: 209 W ADAMS Entenpais	12-1 3633 0 State Zip Code
DOB: 09 1/6 186 POB: 02 ARK DE COUR	nty State Country
Age: 10 Race: B Sex: M Hair: 31 Eyes: D	20 Weight: 160 Height: 5' 10
License or ID #: **Cases #	
Arresting Agency: (CSO Arresting Officer:)4/-e_C	Denniel Location of Arrest: CC J
Type of Arrest: Warrant Call View GJI	
Offense	Mis Fel Bond
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4	
HOLDS:	INTAKE SHEET NUMBER
	 . ,
This form complete	ted by Dale Farm
Booked by: Searched Y/N Photo Y/	N FPs Y/N Green Card Y/N
Comments:	
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. , Case 1:07-cv-00451-WKW-WC Document 8-18 Filed 07/19/2007 Page 3 of 5
WARRANT
ATE OF ALABAMA COFFEE COUNTY DISTRICT COURT
GENCY NUMBER: WR 2007 000397.00 OTHER CASE NBR:
TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:
YOU ARE HEREBY COMMANDED TO ARREST CYRUS PIERSON. AND BRING HIM/HER BEFORE THE DISTRICT COURT OF COFFEE COUNTY TO ANSWER THE STATE HIM/HER BEFORE THE DISTRICT COURT OF COFFEE COUNTY TO ANSWER THE STATE
ON A CHARGE (S) OF: PROMOT PRISON CONTRA CLASS: B TYPE: M COUNTS: 001 AND HAVE YOU THEN AND THERE THIS WRIT WITH YOUR RETURN THEREON.
AND HAVE YOU THEN AND THERE THIS WRIT WITH YOUR REJORN THEMSELVED AND DETAIN HIM/HER UNTIL THE
YOU WILL RECEIVE UNTO YOUR CUSTODY AND DETAIN HIM/HER UNTIL THE DAY OF, OR UNTIL LEGALLY DISCHARGED.
DATED THIS 08 DAY OF JUNE, 2007.
BOND SET AT: (1) \$500.00 BOND TYPE: CCOPY
JUDGE/CLERK MAGISTRATE OF DISTRICT COURT
CHARGES: PROMOT PRISON CONTRA 13A-010-038 M MISDEMEANOR
NAME: CYRUS PIERSON ALIAS: ADDRESS: 707 W ADAMS ALIAS:
ADDRESS: CITY: ENTERPRISE STATE: AL ZIP: 36330 0000 PHONE: 000 000 0000 EXT: 000
EMPLOYMENT: DOB: 09/16/1986 RACE: B SEX: M HAIR: BLK DOB: BRO HEIGHT: 5'10" WEIGHT: 160 EYE: BRO HEIGHT: 422230259 DL NUM: SID: 000000000 SSN: 422230259
EXECUTION
EXECUTED THE WITHIN WARRANT BY ARRESTING THE DEFENDANT AND
(X) PLACING DEFENDANT IN THE COFFEE COUNTY JAIL
() RELEASING DEFENDANT ON APPEARANCE BOND
2007
THIS 20th DAY OF JUNE 0007
SHERIFF
BY
COMPLAINANT: CPT. RICHARD MOSS C/O CCSO
C/O CCSO NEW BROCKTON AL 36351
OPERATOR: DEC . DATE: 06/08/2007

ALABAMA JUDICIAL INFORMATION SYSTEM

* * IN THE DISTRICT COURT OF COFFEE COUNTY * * *

BER:

WARRANT NUMBER: WR 2007.000397.00 OTHER CASE NBR:

COMPLAINT

JRE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF FEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS HO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY CONTRABAND, TO-WIT: TOBACCO IN VIOLATION OF 13A-010-038 OF THE CODE OF ALABAMA, AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.

COMPLAINANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.

DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-038

M MISDEMEANOR

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/NEW BROCKTON/36351

MIKE MITCHELL/C/O CCJ/NEW BROCKTON/36351 JEFF SHELTON/C/O CCSO/NEW BROCKTON/36351 AUSTIN REDMON/C/O CCSO/NEW BROCKTON/36351 NEAL BRADLEY/C/O CCSO/NEW BROCKTON/36351

OPERATOR: DEC DATE: 06/08/2007

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EXHIBIT R

Affidavit of Jeffrey Shelton

COUNTY OF COFFEE

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA **SOUTHERN DIVISION**

CYRUS DESMOND PIERSON,)	
Plaintiff,	
v.)	Civil Action No. 1:07-cv-451-WKW-WC
JEFF SHELTON of the COFFEE) COUNTY SHERIFF'S DEPARTMENT,)	
Defendant.	
<u>AFFIDAVIT OF JEI</u>	FERY W. SHELTON
STATE OF ALABAMA)	

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Jeffery W. Shelton, who being known to me and being by me first duly sworn on oath deposes and says as follows:

)

- My name is Jeffery W. Shelton. I am over the age of nineteen and competent to 1. make this affidavit.
- 2. I am a deputy with the rank of sergeant in the Coffee County Sheriff's Department. I have served in that capacity for six months. Prior to that I served with the Elba, Alabama Police Department as an officer for over four years. Prior to that I was with the New Brockton, Alabama Police Department for approximately two years. I also served in the Birmingham, Alabama Police Department for approximately eight years. Prior to that I was with the Decatur, Alabama Police Department for approximately three years. I have nearly 18 years in law enforcement.

- 3. I read the Plaintiff's complaints in this matter and have personal knowledge of the facts underlying the Plaintiff's claims.
- 4. On approximately April 20, 2007, I participated in a search of Cell Block 2 at the Coffee County Jail. The search was conducted because the inmates were caught attempting to pass marijuana from one cell block to another. Two inmates, one of whom was believed to be the Plaintiff, attempted to pass the marijuana in a book from one cell block to another by sliding it on the floor under the door. The book stopped prior to reaching the other cell block and was found by one of the corrections officers.
- 5. Approximately ten to twelve officers participated in the search. Two of the officers were K-9 officers from the Opp and Enterprise Police Departments.
 - 6. There were approximately 40 to 50 inmates in the cell block.
- 7. The Plaintiff was in Cell Block 2 and was housed on the first the floor of the two floor block.
- 8. In February 2007, I personally participated in a search of the jail that resulted in at least one shank being discovered and removed from Cell Block 2.
- 9. During the search I was armed with a 12 gauge shotgun that is only used to fire bean bag rounds.
- 10. In approximately 2004 I attended a Tactical Shotgun Instructor Development Course. One day of the instruction was dedicated to non-lethal rounds such as bean bags. This training certified me as a user and instructor for tactical shotgun including less-than-lethal rounds.
- 11. The search was conducted by removing the inmates from the cells one cell at a time and running the K-9 unit through the cell. If the dog alerted, the cell was given a more thorough search by the officers.

- 12. While the search was going on, the Plaintiff attempted continuously to incite the other inmates. The Plaintiff was yelling profanity and getting the other inmates to make a lot of noise. The Plaintiff's efforts were making it difficult for the officers to communicate with one another and complete the search.
- 13. The Plaintiff was told numerous times to be quiet and stop trying to incite the other inmates.
 - 14. The Plaintiff refused to obey these orders.
- 15. Finally, while I was participating in a search of the top floor of the cell block, I went downstairs to speak to the Plaintiff.
- 16. I asked the Plaintiff again to be quiet, stop inciting the other inmates, and allow us to do our jobs.
 - 17. The Plaintiff responded, "fuck you".
 - 18. I told him that he did not need to do it again.
- 19. The Plaintiff again refused. He told me that I would not do anything to him because I was already being sued.
 - 20. I handed my shotgun to Investigator Tony Harrison.
- 21. I had control open the Plaintiff's door and ordered him to come out. My intent was to give the Plaintiff one more chance to comply and if he failed to do so, arrest him.
- 22. When the Plaintiff came out of the cell, I again told him to remain quiet and let us to our jobs.
 - 23. The Plaintiff cursed me again. And turned away.
- 24. At that point I attempted to touch the Plaintiff on the arm in order to get his attention.

- 25. The Plaintiff snatched his arm away. I did not know what the Plaintiff was attempting to do, so I grabbed him by his shirt sleeve at the shoulder to maintain control over him.
 - 26. I told the Plaintiff, "I mean what I say".
 - 27. He responded, "yes, sir."
 - 28. I released the Plaintiff and allowed him to return to his cell.
- 29. I had no other interaction with the Plaintiff that night and the Plaintiff ceased his efforts to interfere with our search.
 - 30. At no time did I use profanity towards the Plaintiff or any other inmate.
 - 31. At no time did I choke the Plaintiff.
- 32. The Plaintiff did not sustain any injury whatsoever and he did not request medical treatment.
- 33. The search of the cell block turned up contraband including rolling papers, tobacco, and other items.
- 34. The Plaintiff was arrested on June 20, 2007, for promoting prison contraband. He was caught with marijuana stashed between his toes.
- 35. I swear, to the best of my present knowledge and information that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.

Executed on this the 22 nd day of June, 2007.

Jeffery W. Shelton

SWORN TO and SUBSCRIBED before me this day of June, 2007.

NOTARY PUBLIC

My Commission Expires: March 4, 2008

EXHIBIT S

Affidavit of Jason Ballard

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA SOUTHERN DIVISION

CYRUS DESMOND PIERSON,	
Plaintiff,	
v.)	Civil Action No. 1:07-ev-451-WKW
JEFF SHELTON of the COFFEE COUNTY SHERIFF'S DEPARTMENT,	
Defendant.	
AFFIDAVIT OF	JASON BALLARD
STATE OF ALABAMA)	
COUNTY OF COFFEE)	

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Jason Ballard, who being known to me and being by me first duly sworn on oath deposes and says as follows:

- 1. My name is Jason Ballard. I am over the age of nineteen and competent to make this affidavit.
- 2. I am a deputy with the Covington County Sheriff's Department. I am a canine handler for the Sheriff's Department.
- 3. I read the Plaintiff's complaints in this matter and have personal knowledge of the facts underlying the Plaintiff's claims.
- 4. On approximately April 20, 2007, I participated in a search of the Coffee County Jail. I was asked to assist because I am a drug dog handler, and Coffee County did not have a drug dog at the time.
 - 5. Approximately ten to twelve officers participated in the search.

- 6. There were approximately 40 to 50 inmates in the cell block.
- 7. The search was conducted by removing the inmates from the cells and running my dog through the cells. If the dog alerted, the cell was given a more thorough search by the other officers.
- After I was finished. I observed a black male inmate who was obviously running 8. his mouth, but I could not hear what he was saying.
- 9. I observed a Coffee County deputy with a shotgun approach the black male. I could tell that the two were exchanging words, but I could not hear what was being said.
- 10. After a short period of time, the black male inmate turned away from the deputy and returned to his cell. The Coffee County deputy followed him into the cell.
 - 11. At no time did I observe the deputy place his hands on the inmate.
- 12. I swear, to the best of my present knowledge and information that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.

Executed on this the 17th day of July, 2007.

SWORN TO and SUBSCRIBED before me this 17 day of July, 2007.

NOTARY PUBLIC

My Commission Expires: 1-89-09

EXHIBIT T

Affidavit of Richard Moss

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA SOUTHERN DIVISION

CYRUS DESMOND PIERSON,)
Plaintiff,	<i>)</i>)
v.	Civil Action No. 1:07-cv-451-WKW
JEFF SHELTON of the COFFEE COUNTY SHERIFF'S DEPARTMENT,)))
Defendant.	j .
AFF <u>IDAVIT O</u>	F RICHARD B. MOSS

STATE OF ALABAMA)
)
COUNTY OF COFFEE)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Richard B. Moss, who being known to me and being by me first duly sworn on oath deposes and says as follows:

- My name is Richard B. Moss. I am over the age of nineteen and competent to 1. make this affidavit.
- I am the Jail Administrator of the Coffee County Jail. I have served in this 2. position for over five months. Prior to becoming the Jail Administrator, I was a police officer with the Elba, Alabama Police Department for two years. Prior to that I served as a police officer with the Town of River Falls, Alabama Police Department for approximately five years. i have a total of seven and one-half years of law enforcement experience.
- I read the Plaintiff's complaints in this matter and have personal knowledge of the 3. facts underlying the Plaintiff's claims.

- It is the policy of the Coffee County Jail that an inmate with a grievance may 4. request a grievance form from any corrections officer at any time. The grievance form can then be returned completed to any corrections officer. The corrections officers are tasked with the job of attempting to respond to the grievance if possible. If they cannot, the grievance is passed on to me.
- If I am unable to handle the grievance, we conduct a grievance hearing. The 5. grievance/disciplinary committee consists of myself, Chief Deputy Ronnie Whitworth, and Deputy Neal Bradley.
 - Copies of grievance forms are kept in the inmate's file. 6.
- At no time has the Plaintiff ever filed a grievance related to the incident in his 7. Complaint.
- Additionally, the Plaintiff has never requested medical attention for any supposed 8. injuries arising out of the incident set forth in his Complaint.
- Attached to the Defendants' Special Report are true and correct copies of the 9. Plaintiff's inmate and medical records. These records are prepared and kept in the regular course of business of the Coffee County Jail.
- I swear, to the best of my present knowledge and information that the above 10. statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.

Executed on this the 18 day of July, 2007.

SWORN TO and SUBSCRIBED before me this 18th day of July, 2007.

My Commission Expires: Nauh 4, 2008

EXHIBIT U

Remainder of Plaintiff's Inmate Medical File not otherwise attached as a separate exhibit

FEDERAL STATE COUNTY CITY	OFFICER'S SIGNATURE OFFICER'S	
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Case 1:07-cv-00451-WKW-WC	Document 8-22	Filed 07/19/2007	Page 9 of 38
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NAME: Cyrus Pierson	Ment Carlon Comment	MEDICALION: Cephalexin 500 mg	D W INCREDIT CONTOURS	INATINATION I Cap 4 x a day		CHI	

r	_,		-			-, -	-								age	
MED PKG MADE BY	IHS	IHS	IHS	IHS	IHS	IHS	IHS	THS	SILI	City City	IHIS	STILL	STE	OT I	OTH.	HS.
ISSUING OFFICER'S SIGNATURE	110/10		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Marion			No. of the second	Minden	hak	Sarvices !						
INMATE'S SIGNATURE	any Pinnan	and the same	Carre girgen	Con 1 or Pressing	Chry Fillaim	(And Pinan	Gray Fellan	Canada Jana	101.0	Land Malan						
AMT. ISSUED	1 cap	1 cap	1 cap	1 сар	1 сар	l cap	1 cap	1 cap	1 cap	l can	l cap	1 cap				
TIME	0200	1200	1800	2200	0200	1200	1800	2200	0050	1200	1800	2200	0500	1200	1800	2200
YR	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005
DATE		3-21-05	321-05	3/2/	3/22	3/22	3/22	3/22	3/23	3/23	3/23	3/23				

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Jerus

	r				Т		_
		FEDERAL:	Car a man	SIAIE:	COUNTY.	COUNTY.	CITY:
	CORFEE COUNTY 14 II	TYPE TOO THE TOO	ACA STANDARD RODM 2, 2133		MEDICATION SHEET		CELLBLOCK 2
NAME: O	MANUE. Cyfus Flerson		MEDICATION: Phenytoin 100 mg (Dilantin)	D(V FACTORIONICAL)	MA INSTRUCTIONS: 1 cap 3 x a day	Olar	CIII

r	₁	·				- ,		,						·	-~·-,-	
MED PKG	SHI	OLL	SHI	SHI	IHS	IHS	IHS	IHS	SHI	IHS	IHS	IHS	SHI	SH1	SHI	XXXXXXX
ISSUING OFFICER'S SIGNATURE		C.Clarrer														XXXXXXXXXXXXXXXXXXXXXX
INMATE'S SIGNAȚURE	D. C.															NEW MED SHEET REQUIRED
AMT. ISSUED	1 cap	1 cap	1 cap	1 cap	1 cap	l cap	1 cap	1 cap	1 cap	1 cap	1 cap	l cap	1 cap	1 cap	1 cap	XXXXXXXX
TIME	0200	1200	1800	0200	1200	1800	0050	1200	1800	0200	1200	1800	0200	1200	1800	XXXXXXX
YR	2005	2005	2005	2005	2005	2005	2005	2005	2002	2005	2005	2005	2005	2005	2005	2005
DATE	3/23	3/23	3/23							*						XXXX

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NAME. C.	Division Division	,					
INAIME: Cyrus Flerson	rus ruerso			COFFEE COUNTY JAIL		FEDERAL:	
MEDICAT	ION: Phe	MEDICATION: Phenytoin 100 mg (Dilantin)	antin)	ACA STANDARD FORM 2-2133		STATE:	
R/X INSTR	UCTION	R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:	
		-Bottle INS 45 of 4-35-05	20-8-4 B 20	CELLBLOCK 2		CITY:	
	•						
DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	INSSI	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
14-4	2005	0200	1 cap	Cyrus Norson	Cla	MILL	Sh.
4-31	2005	1200	1 cap	Comp Clones		707	78
)C-)1	2005	1800	1 cap	Church Lengton		110	78
4-22	2005	0200	1 cap	Come Person	0	(Mas)	2
4-23	2005	1200	1 cap	Legus Puran	C		Mak.
4-22	2005	1800	1 cap	Conus Renson		Z	A LESS
4.23	2005	0200	1 cap	Camp & moon		1	AR
4-23	2005	1200	1 cap	Comment of the same		(in	786
4-23	2005	1800	1 cap	Chun Rigan		-5	SHO
4-24	2005	0500	1 cap	Come Plusor	7	1	AR
4-34	2005	1200	1 cap	(Simil Princesor	11/1		THE
4-2	2005	1800	1 cap	Change 10 may	7	9	E ST
イベ	2005	0200	1 cap	MANNE PINAMO	000	1	77×4

DATE REFILLED DATE IN FOR REFILL

DATE MED OUT W/NO REFILL

XXXXXXX

xxxxxxxxxxxxxxxxxxxxxx

NEW MED SHEET REQUIRED

XXXXXXX

XXXXXXX

2005

1800 1200

2005

1 cap l cap

2005

MEDICATION: Phenytoin 100 mg (Dilantin)

NAME: Cyrus Pierson

R/X INSTRUCTIONS: 1 cap 3 x a day

IHS

MED PKG MADE BY	SHI	IHS	IHS	IHS	IHS	IHS	IHS	IHS	IHS	IHS.	IHS	IHS	IHS	IHS	IHS	XXXXXXX
ISSUING OFFICER'S SIGNATURE	C Lewell								-							XXXXXXXXXXXXXXXXXXXXXXX
INMATE'S SIGNATURE	Curus Resson	j														NEW MED SHEET REQUIRED
AMT. ISSUED	1 cap	1 cap	- 1 cap	l cap	1 cap	1 cap	1 cap	1 сар	1 cap	1 cap	1 cap	XXXXXXX				
TIME ISSUED	0200	1200	1800	0200	1200	1800	0200	1200	1800	0200	1200	1800	0500	1200	1800	XXXXXXX
YR	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005
DATE	82.4	AC-h	8P-h													XXXX

DATE IN FOR REFILL

DATE REFILLED

NAME: (

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DATE

NAME: Cyrus Pierson	rus Pierso	II.		COFFEE COUNTY JAIL		FFDFDAY	
MEDICAT	ION: Phe	MEDICATION: Phenytoin 100 mg (Dilantin)	ıntin)	ACA STANDARD FORM 2-2133		STATE	
R/X INSTR	UCTION	RX INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:	
		Bottle		CELLBLOCK 2		CITY:	
	-						
DATE	YR	TIME	AMT. ISSUED	INMATE'S SIGNATURE	IS INSSI	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
) - L	2005	0200	1 cap	Cinus Rigam	10/1	1 70	X
<u>,</u>	2005	1200	1 cap	anna Miller	C		A
	2005	1800	-1 cap	Cony Dien And	2000		H
7-2	2005	0200	1 cap	Carries Phinason	2	0	B
7-2	2005	1200	1 cap	Going Presson	Marce	3	N.
7-7	2005	1800	1 cap	(Wall Pipson		, ,	K
4-3	2005	0200	1 cap	Grast grass		1/1/1/1	B
7-3	2005	1200	1 cap	June Vinam	0001	2	L
2-2	2005	1800	1 cap	Conside Plonger Wat		7	7
2-6	2005	0200	1 cap	Eyeng Masson	R. Col		R
7-6	2005	1200	1 сар	and furker	5, & &	Thro	R
74	2005	1800	1 cap	MAND FINDS	1601.11	16 %	28
715	2005	0200	1 cap	OR Exused	2%5		11196
715	2005	1200	1 cap	Curred Minderon	(1)		100 m
715	2005	1800	1 cap	91010 A JULION	7	Thos IV	1200
XXXX	2005	XXXXXXX	XXXXXXX	ANEW MED SHEET REQUIRED	xxxxxxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX

DATE IN FOR REFILL

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NAME: C	NAME: Cyrus Pierson	Son					
MEDICA	TION: Ph	MEDICATION: Phenytoin 100 mg (Dilantin)	lantin)	COFFEE COUNTY JAIL	FEDERAL	AL:	
D/V INCT	DIICEIC	(a) 9m 00 m 0 feet	idiritii)	ACA STANDARD FORM 2-2133	STATE:		
ICAII VAI	KUCIIOI	IN INSTRUCTIONS: I cap 3 x a day		MEDICATION SHEET	COUNTY:	.Y:	
		Bottle THS	15	CELLBLOCK 2	, CITY:		
:	. -		f ,				
DATE '	YR	TIME	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	CER'S RE	MED PKG MADE BY
9/10	2005	0200	1 cap	- Grus Risson	20/0		
را ار	2005	1200	1 cap	411	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	THE VIEW OF THE PROPERTY OF TH
ر را	2005	1800	1 cap	O. In. of Mills	Talon I	<u>-</u>	THE WAY
4-7	2005	0200	1 cap	Con 11 Molha	1 1/11.		
7-7	2005	1200	1 cap	Christ nortal	1000		15
1-1	2005	1800	1 cap	Congression of	A STATE OF THE STA		44
8-1	2005	0200	1 cap	The state of the s			176
8-2	2005	1200	1 cap	Man Time	W		
8-2	2005	1800	1 cap	Court die	7,00		A Property
2-5	2005	0500	1 cap	Nego Chia	M. J. Commen	7 /	100
7-5	2005	1200	l cap	Jimes Pindonk.	N. Carlot		7 83
5-6	2005	1800	1 cap	Collet Monde	OC maried		
7-10	2005	0200	I cap	Court Tuna			
7-10,	2005	1200	1 cap	(4) Millian Com	The same		
2-10	2005	1800	l cap	(Drup Maan			
XXXX	2005	XXXXXXX	XXXXXXX	V NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXX
DATE IN	DATE IN FOR REFILL	TIL	DATE REFILLI	ED	DATE MED OUT WING REFILE		

NAME: Cyrus Pierson	rus Pierso	II.		COFFEE COUNTY JAIL		FEDERAL:	
MEDICAT	ION: Phe	MEDICATION: Phenytoin 100 mg (Dilantin)	ntin)	ACA STANDARD FORM 2-2133		STATE:	
R/X INSTE	UCTION	R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:	
		IHS		CELLBLOCK® 2		CITY:	
			•				
DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	OSSI	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
11-2	2005	0200	l cap	Cyrus Lighton	100	ille	SHI/6
1)-2	2005	1200	1 cap	amy	0	CASC CASC	IHS
7-([2005	1800	- 1 cap	(Wolse Trongs	11:11	Mest	IHS
7/112	2005	0200	1 cap	any presson	1000	\hat{4}	IHS
7/12	2005	1200	1 cap	Curus Privans	Mor	/ \~	IHS
7/12	2005	1800	1 cap	Eliment Fronto	11.78	ROB	IHS
7113	2005	0500	1 cap	Como Dieson	1000 D		IHS
7113	2005	1200	1 сар	Mary A Author		\$ \frac{1}{2}	IHS
7 13	2005	1800	1 cap	Charle Land	Malle	7	IHS
711	2005	0200	1 cap	Chang Maran	8.6	9	IHS
7-14	2005	1200	1 cap	no Pie	Man. S	3	HIS
7-16	2005	1800	1 cap	went true	1000	7	IHS
7-15	2005	0200	1 cap	John Hillan	RC		IHS
57-2	2005	1200	1 cap	CAMP A GNAON		J. C. C.	IHS
7-5	2005	1800	1 cap	word one	Topm	Misla	IHS
XXXX	2005	XXXXXXX	XXXXXXX	WIND WHEET REQUIRED	xxxxxxxx	XXXXXXXXXXXXXXXXX	XXXXXXXX

DATE REFILLED

DATE MED OUT W/NO REFILL

\$

					MED PKG MADE BY	IHS	IHS	IHS	IHS	IHS	IHS	IHS	SHI	SHI	IHS	IHS	SHI	IHS	SHI	IHS	XXXXXXX
ECNEDAT.	STATE:	COUNTY:	CITY:		ISSUING OFFICER'S SIGNATURE	C/LUM/	()	Che Clean	Roce	Talled	March Col	MARCA	S. Deland	タルノ	(Come) ()	Money.	05/1	/ cm/ /	2 Mill		XXXXXXXXXXXXXXXXXXXXXXXXX
COFFEE COUNTY 1411	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CELLBLOCK 3		INMATE'S SIGNATURE	Curus Dingen	Come Lingon	Gune Girogen	70	(Any Fange)	Lywe hingon	Course Frankon.	CHUSE ROLLING	Grup Leran	Gruss horar	Conug Pinager	O wing Tierson	Carred Hisson	Frus Pignam	P	NEW MED SHEET REQUIRED
	ntin)				AMT. ISSUED	1 cap	1 cap	· 1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	l cap	1 cap	XXXXXXXX
a	MEDICATION: Phenytoin 100 mg (Dilantin)	R/X INSTRUCTIONS: 1 cap 3 x a day	IHS		TIME	0200	1200	1800	0200	1200	1800	0200	1200	1800	0200	1200	1800	0200	1200	· 1800	XXXXXXX
rus Pierso	ION: Phen	LUCTIONS		*	YR	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005
NAME: Cyrus Pierson	MEDICAT	R/X INSTR			DATE	9)~/_	7-6	7-16	2-12	7-1	7	2-8	7-68	7-88	7/19	61/2	[6]	7/20	g_{LD}	7/2O	XXXX

DATE IN FOR REFILL

DATE MED OUT W/NO REFILL

DATE REFILLED

					MED PKG MADE BY	ZHE.	SHE	THS													
FEDERAL:	STATE:	COUNTY:	CITY:		ISSUING OFFICER'S SIGNATURE	P. Cole	McComick	Vallent													
COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CELLBLOCK M 3		INMATE'S SIGNATURE	CUTULA PURON	•	Grue Pluson													
	100 ms	Cacar	0		AMT. ISSUED	(b)	B 1	(Stop 1	0								,				
Diggon	2. A. A. &	1	346	•	TIME ISSUED	0220	(3e0)	(180)												,	
SUM		UCTIONS		-	YR	2005	2005	2005	2005	2005	2005	2002	2002	2002	2005	2005	2005	2005	2005	2005	2005
NAME:	MEDICATION:	R/X INSTRUCTIONS.			DATE	トナ	47	7-21	, ,												

DATE REFILLED

AMT. ISSUED

TIME ISSUED

K

DATE

MEDICATION: Phenytoin 100 mg (Dilantin)

NAME: Cyrus Pierson

R/X INSTRUCTIONS: 1 cap 3 x a day

IHS

1 cap

0500

2005

1 cap

1 cap

1200 1800

2005 2005 1 cap

1 cap

0500 1200

2005

2005 2005 1 cap

2005

1 cap

1800 0500 1 cap 1 cap

1200

2005 2005 2005 2005 2005 2005 2005 2005

1800 0500

1 cap 1 cap 1 cap

> 1200 1800

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XXXXXXX

2005

XXX

1 cap 1 cap

l cap

0500 1200 1800 DATE REFILED

NAMES CHATUS PLOISEM	Tus F	ionsem.		COFFEE COUNTY JAIL		FEDERAL:	
MEDICATION	on: Ph	MEDICATION: Phonitry, 10 mar	N.O.	ACA STANDARD FORM 2-2133		STATE:	
R/X INSTRUCTIONS:	UCTION	s: Y and 3x day	double	MEDICATION SHEET		COUNTY:	
	\\ \frac{\frac{1}{2}}{2}	1	D	CELLBLOCK 3		CITY:	
	-				٠		
DATE	Ϋ́R	TIME	AMT. ISSUED	INMATE'S SIGNATURE	nssi S	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
7/27	2005	USON .	1000	GINMA PINDON	1 c/0 \$.C	Le Mines	149
127	2005	1300	l can	Christ Paracon	70° 9	A.	İŘ
υ2/ _L	2005	(800)	1 roup	Joung Flisher	MADILA		(天)
3RL	2005	05-50	100	Grund Diings	Chel	141	A
X27	2005	ONE!	(P)	Arus Wish	1 NJ 02	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SPAT
842	2005	1 <i>S</i> 20	(D)	fring quirant		\(\rightarrow\)	STATE
	2005	Α	-		٥		
	2005						
	2005						
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	2005		`				•
	2002						
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	2005						
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<u>ase</u>	1:0	7-c	:v-0	0451	I-WKV	V-W	<u>C</u>	Do	cun	ent	8-2	2	Fil	ed (7/1	9/20)07	P	age	29	of 38
					MED PKG MADE BY	IHS	IHS	SHI	SHI	SHI	SHI	SHI	SHI	SHI	SHI	SHI	SHI	IHS	IHS	SHI	XXXXXXX
FEDERAL:	STATE:	COUNTY:	b CITY:		ISSUING OFFICER'S SIGNATURE	RCC	1 My Course	(Stoples	Melly	7 /32	Mound	McCornich	G. (se.	Morton	s dem	S. R. Electron	S. A chasta	MU	(ramer)	Tolley	XXXXXXXXXXXXXXXXXXXXXXX
COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CEITBLOCK & 🕲		INMATE'S SIGNATURE	COMME SINNER	Carme Prinare	Hebrach	I want of Marin.	JOHON, MITTEN	Met In Comme	Cylla Helbal	CAMP MIGH	Cannot Lemone	THE SHIP (STORY)	Com Ballet	Self from My	My Many Miller	Jan Salar Margar	YOX Wased	NEW MED SHEET REQUIRED
	ntin)				AMT. ISSUED	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	1 cap	XXXXXXX
u	MEDICATION: Phenytoin 100 mg (Dilantin)	R/X INSTRUCTIONS: 1 cap 3 x a day	IHS		TIME ISSUED	0200	1200	1800	0050	1200	1800	0050	1200	1800	0200	1200	1800	0200	1200	1800	XXXXXXX
us Piersol	ON: Phen	UCTIONS			YR	2005	2005	2005	2005	2005	2005	2005	2005	2005	2002	2002	2002	2005	2005	2005	2005
NAME: Cyrus Pierson	MEDICATI	R/X INSTR			DATE	1-39	be-L	しがし	arb	130	13	7-31	15-6	731	8-1	8-1	1-8	8/2	8/2	7/8	XXXX

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С	ase	1:0) 7- c	:v-00)451-V	۷KW	/-W	С	Do	cum	nent	8-2	2	Fil	ed ()7/1	9/20	007	Р	age	30	of 38
					MED PKG MADE BY	IHS	IH	SHI	AX.	THE	4											
FEDERAL:	STATE:	COUNTY:	a city:		ISSUING OFFICER'S SIGNATURE		Y96-X	Cert	year is		10th											REFILL
		•)		00	1	101		2	10.01											OUT W/NO
COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CELLBLOCK J.		INMATE'S SIGNATURE	Culled Meran	Cours Paylon	any Masser	Court Misses	And Hinam	14/100		7									LED DATE MED OUT WINO REFILL
	a (Dibatio)	Day			AMT. ISSUED	1 CAP	1 CAP	ICAP) (DO) \	1 000	8 -											DATE REFILLED
NAME: CYrus Pierson	MEDICATION:P henyticaloc mg (Dibatio)	TIONS:) CAP 3 X A DAY	√		TIME	0500	1200	1800	0250	(DC)	(K)											TL
-Yrus	TON:P h	RUCTION	可	-	ŸR	2005	2005	2005	2005	2002	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	DATE IN FOR REFILL
NAME: (MEDICAL	R/X INSTRUCTIONS:)			DATE	8/3	8-13	878	30	3-8) - 8	,			þ) DATE IN

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10 to					MED PKG MADE BY	- 12th	12th	S45	AN)	CUK.	UNE	JIK	JEK J	THE	THE	IF	THE	SAR	STAB	SIE	
FEDERAL:	STATE:	COUNTY:	\ CITY:		ISSUING OFFICER'S SEGNATURE	MILLE	toller	Mornide	wilder	Ment		Me		Smich	74	TOller	& bornich	, (Se	,	Elder	
		, Y	9)		31	00	$-\mathcal{U}$	CR	(P)	m.n		all		3UK	K, (M	Ch	A	m	11	\
COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	, MEDICATION SHEET	CELLBLOCK 7		INMATE'S SIGNATURE	allus Pierson.	Cylus Myster	Exrus Fleraon	lyrus revor	apres Trinson	Cyrus Pierson	Chro- Harman	Grave Meran	Comes Herson	Guns Gillon	Court Tierson	Mynd Tingon	Ogras Francon	CHULP TRONGER	Turing Thereson	9
	(00 hig	3xadad) (J	-,	AMT. ISSUED	(0)	1 ch	фэ I	(Jes)	(co)	iceo	ICAN	1 con	icen.	1 00	1	1 00	φ	1 6	181	
Divisor	_≶	1800	N		TIME	000	(350)	(Bm	O STO	1200	ism	nSon	12 cl	1800	0,5to	(30)	ં જેશ	hsto	(Jes	(BD)	,
40.5		RUCTIONS	Ħ	•	YR	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006
NAME: (MEDICATION:	R/X INSTRUCTIONS:			DATE	(-)	(-)	E-1	\{ \}	(13	6)	ו[מ	1/4	ħΠ	5-1)- </td <td>ا -برک</td> <td>9-1</td> <td>9-1</td> <td>9</td> <td>,</td>	ا -برک	9-1	9-1	9	,

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		e			MED PKG MADE BY	UES	FLEF	AR	THE	Itte	THE	THE	H	#K	S & S	286	AR	J HS	J.K.	18 Jan	175
FEDERAL:	STATE:	COUNTY:	CITY:		ISSUING OFFICER'S SIGNATURE	Mellon	Naner	wilders	Lelin	$0 - \frac{1}{2}$	(x 1008. 1917	Rived	. Kolost	Mounid	6 (etalder)	Char	na Counch	A STATE OF	Jan	Melonier	Williams
COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CELLBLOCK 2 (4)		INMATE'S SIGNATURE	ILLA PLEASON	Mad Globen	Cours Pringer	Come Taller -	Gray Horson	dynus Fileson	Current ANOMEN	and Mersian S	Anna Tulson	(shur though)	Wine Dienan	County Market	of the full of	Curad Pilan	Comment Thomas	(Barrie of World)
-	<i>"b</i> ‰(20)	Kaday),	, , , , , , , , , , , , , , , , , , , ,	AMT. ISSUED) Q) (a) 1.	1 cb	(B)	100	1 00	(2)		(sector	رها	1000	1 co2	lceó	1ces	1 cas	ارمق
Dierson	Phery-bin (Yeap 3	+#5 "		TIME ISSUED	050	1300	(&w	050	(AD)	(Bw	3	R	(80	0500	1300	1800)	චරග	120D	1500	02.50
Cyrus	ION: P	UCTIONS	1 1	-	YR	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006
NAME:	MEDICATION:	R/X INSTRUCTIONS:			DATE	1-7	(-7	1-7	1-8	(-8	8-1	5	9	5-1	ر 10	01/1	01/1	V_{11}	1/11	1/10	717

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					MED PKG MADE BY	SHE	SHE	SHI	SAR.	地	HE	date		(JAC	1116	ST	AR	B	AR	STAR STAR	
FEDERAL:	STATE:	COUNTY:	CITY:		ISSUING OFFICER'S SIGNATURE	11 Bams	parich	na Weeth	66	7	c (ormich	.623	John	promish	M	X one-X.	Comick 1	LAM	CASO.	downed	
					SSI	An	Kell !	1 c/c/2	X/	M	SK.	Man		SUL	Marie	7	olle	N'	(). (G	S	
COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CELLBLOCK Z	,	INMATE'S SIGNATURE	uses	8 Henson	4. Pullson	Luggh	7 Tillson	A Treven	JAMASON.	MANDE AN	4. Thinn	Mission	of Labour	MURAN	1/1/	JAMMON TO	no Then of	>
	ACA				INMA	Res	and	Culle	18 0 S	(UNU)	Curlle	"Ann	dun	Ello to	Unut	CUM	(Jana)	Jal o	Circle	NB)	0
	Bong	day o	0		AMT. ISSUED	1 16	1 26	1 Jh	1 14	1 Jel	1 de	14Rb	LAND	144P	12E	1406	1446	1 (6)	1 60.		_
1.erser	Preny to in	1. 12 3kadan	THS THE		TIME ISSUED	050	(Seco	1820	ÓZÓ	(30)	1812	05@	1200	W 31	Cogo Cogo	JOC 1	CD \$1	0360	(200	(k a)	>
		UCTIONS		•	YR	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006
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COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CELLBLOCK A	INMATE'S SIGNATURE	CAMP 4 MBON	Gray PHIAM	Eurus Melhor	Gorald Tringen												NEW MED SHEET REQUIRED
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NAME: Gros Tierson	COFFEE COUNTY JAIL	FEDERAL:
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COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CELLBLOCK		SIGNATURE	FIELDO	erson	JENNYN	NOS MA	VRYM	4Sica	"pagon	Color to	10000	BOUNK	MARAICH	TIPRON	atron	money.	WALLE STATES	اممممم
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اها			COFFEE COUNTY JAIL		FEDERAL:	
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COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CELLBLOCK		INMATE'S SIGNATURE	Bed			fuel	0 6 c		pany				•	r ofes				
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9-12 20	2006	0500	3 Carol	71114	John Mary		Jacoms I	777
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				9,4	100161. 11		1111	な事が

		2) Jaan .	
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MEDICATION: Phenytoin Exten 100 ma	ACA STANDARD FORM 2-2133	STATE:	e 1:
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10-15	2006	0050	Sapa	Jenny C	Kyllen	475
0-1C	2006	0200	3605	anit Tieron	CONTRACTOR	727
10-17	2006	0200	35005	Janna I Moon		IHS
81-01	2006	0200	30005	Count Harpor		THE
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1040	2006	0050	$ \mathcal{X} $	College Wings	Rady	44
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Ra	2006	0200	3 2005	Required	4 Walliams	
58.0	2006	0200	3 East	Sapered	R. Cole	A
10-24	2006	0200	30005	Cyling Haron	(Mal)	15
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Case 1:0<u>7-cv-</u>004<u>51-W</u>ł MED PKG MADE BY STATES AA STATE G G K THE ISSUING OFFICER'S FEDERAL: SIGNATURE COUNTY: STATE: CITY: ACA STANDARD FORM 2-2133 COFFEE COUNTY JAIL. MEDICATION SHEET CELLBLOCK arren INMATE'S SIGNATURE \$ (S) AMOUNT ISSUED 3C1905 30005 Ste TIME ISSUED 8000 0,50 05 cm S BSB 050 SS 0800 05B 6500 05th R/X INSTRUCTIONS: 2006 2006 2006 2006 2006 2006 2006 2006 2006 2006 2006 2006 2006 2006 X **MEDICATION** 01-11 兴-9 11-08 10-39 DATE 9, NAME: 10-30 70-3

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MEDICATION: Oham faw Exter 100 Mg	ACA STANDARD FORM 2-2133	STATE:
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)451-\	/ V I X V	v - v v			Jour	nen	10-	25	<u> </u>	ilea	017	13/2	200	<i>'</i>	raç	je 28
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T -6	8	houston Exten 100mg.	in 100mm	ACAS	ACA STANDARD FORM 2-2133	-2133	STATE:	
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₹1-2 ¹	2006	0250	30.005	1 Salle	10/1401	M	7	INS
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12-23	2006	0260	Slager	CANNING FULLAGO		gle!	THS
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07-21	2006	050	3 000	My della			148
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12-28	2006	OSOU	Scaps	Childe Holle	n Ha	allon	27.HS
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	•				MED PKG MADE BY	RE	\.		`													
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ار – اع	2007	C000	3040	Carlle Werm	R.C.	Ì	A P
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ry Jail	ORM 2-2133	SHEET	čķ Z	SSI					\mathcal{Z}							3			7	
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COFFEE COUNTY JAIL	ACA STANDARD FORM 2-2133	MEDICATION SHEET	CELLBLOCK 4		INMATE'S SIGNATURE	rud med		Character Prince Sull Meds														DATE REFILLED DATE MED
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Page 4 of 32



Coffee County Jail Ben Moates, Sheriff Zack Ennis, Administrator

BLOOD PRESSURE RECORD

Name of Inmate:_

Date	Time	PRESSURE	PULSE	Sign of Inmate	Sign of CO
2-26-06	2130	W80/11	96	Cyrup Pierson	Wilder
3-4-	1845	156/98	92	arustierson	Wilder
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Case 1:07-cv-00451-WKW-WC Page 6 of 32 Date_3-11-05 Time 1030 P.M. Address □ Other <u>*T 102.*</u> County Prisoner ☐ State Prisoner History of Complaint: Phenytoin 100MG (Vilantin) Doctor Impression: Treatment: Quality Printing Co. HENRY S. COCHRAN, M.D. OFFICE PHONE DEA NO. AC7370606 1208 HIGHLAND DRIVE 897 3416 ALA, REG, NO. 7628 ELBA, ALABAMA 36323 3/11/65 Address \mathbb{R} M.D. PRESCRIPTION SUBSTITUTION PERMITTED W.B. DISPENSE AS WRITTEN

OFFICE 208 H

HENRY S. COCHRAN, M.D.

OFFICE	
208 HIGHLAND DRIVE	
ELBA, ALABAMA 36323	

DEA NO. AC7370606 ALA. REG. NO. 7628 OFFICE PHONE 897 3416

For	Cyrus	Pierson	
Address			3/11/05

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LABEL ALL/RX'S REFILL 0 1 2 3 4 (5) PRESCRIPTION SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN

Cyrus Pierson

Coffee County Joil

NewBrockton, Ah.

Farfed 3-11-05 J. Roberts Case 1:07-cv-00451-WKW-WC Document MEDICALIGENTER ENTERPHISE of 32 400 North Edwards Street Enterprise, Alabama 36330 (334) 347-0584 Cyrus Pierson Address R 100 M.D. PRODUCT SELECTION PERMITTED PHILIP TSOLAKIS

MERKISE ASMALTA 708 - M.D.

DEA# BT4546478

LABEL.

REFILL /0 1 2 3

BNDD NO. 1895 Form No. RX-1

400 North Edwards Street Enterprise, Alabama 36330 (334) 347-0584

Name Cyrus Pier	rson	Date_7/30/	1060
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Form No. RX-1	AL REG NO.		

Case 1:07-cv-0045 MEDICATION INFORMATION FORM 10 of 32 CIRCLE ONE: CALIAS IF KNOWN: DRUG NAME (IF DIFFERENT ACCOUNT) LAST NAME: BILL TO: DISPENSE AS WRITTEN urson PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY **IHS Pharmacy** COUNTY STRENGTH BOOK IN# yrus STATE MD. / P.A. / F.N.P. / C.R.N.P. SIGNATURE REQUIRED FIRST NAME: Post Office Box 1428 Rainsville, AL 35986 Independent Meatth Services, Inc. FEDERAL DIRECTIONS 72S# FORMSMED INFO FORM CUSTOM 2001 GOO FACILITY/CODE: COFFEE CO(AL)(CF) ALLERGY MUST HAVE SSN & DOB TO FILL ANY CONTROLLED SUBSTANCES ss# 422-23-0259 PERSON COMPLETING FORM: PHYSICIAN Fax Phone: 1(800)638-3104 1(800)638-9459 PRODUCT SELECTION PERMITTED GIVEN BIRTHDATE: 09-16-86 CELL BLOCK START DATE Q T REFILLS

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Case 1:07-cv-00451-WKW-WC Document 8-24 Filed 07/19/2007 Page 11 of 32 Sending Confirm

Date: AUG-8-2006 TUE 07:24AM

Name : COFFEE COUNTY JAIL NEW BROCKTON AL

Tel.: 8946231

Phone : 18006389459
Pages : 2
Start Time : 08-08 07:23AM
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COFFEE COUNTY JAIL BEN MOATES, SHERIFF ZACK ENNIS, ADMINISTRATOR

phone: 334-894-5535 fax: 334-804-6231

MEDICAL TRANSPORT SHEET

Name of Inmare: Lyrus Pierson
Reason for Medical Care: Wound to Lead
Transported From: County Jail
Transported To: Medical Centre Entrepiero
Transporting Officer: D. Copiu
Inmate Classification (Check One)
Federal State County (City) Enterprise Elba New Brockton Kinston

^{*}This form to be completed for each immate receiving any medical treatment

Case 1:07-cv-00451-WKW-WC	Document 8 24 DIC	ALCENTER ENTER 400 North Edwards Street Enterprise, Alabama 36330 (334) 347-0584	PARSE OF 32 CHANGES WARRED PA DSS
	Name Chun	Lierson.	Date 3/14/05
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1	ABEIL (0) 2 3 4 PRN		CT SPLECTION PERMITTED M.D. SPENSE AS WRITTEN
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COFFEE COUNTY (ALA.) JAIL PATIENT RECORD

Name Pierson Cyrus	Date3~14~05	Time 1300 P.M.
Address	Age Sex Mo	ale
☐ County Prisoner ☐ State Prisoner ☐ O	ther	
Complaint: (L) SIDE OF PACE LEDGEND	***	
of Rocipium Igm. Given a p History of Complaint:	rescription for Keflex	antibiotic).
Doctor Impression:	Treatment:	
Doctor Signature		Quality Printing Co.

Case 1:07-cv-00451-WKW-WC 40d-NGH Edwards Street Enterprise Alebama 35330 DA 059 (334) 347-0584 Address M.D. DISPENSE AS WRITTEN BNDD NO. Form No. RX-1 Cheus Pierrow COFFEE COUNTY INMATE FRED FROM COFFEE COULDTY JAIL 3-14-05 a apen

MCE-CFT-1

QUALITY PRINTING COMPANY

CONDITIONS FOR TREATMENT

- 1. MEDICAL AND SURGICAL TREATMENT AND BLOOD TRANSFUSION CONSENT: A patient's care is under the control of his or her attending physicians and the Hospital is not liable for any act or omission in following the instructions of that physician. The undersigned consent to any radiological examination, laboratory procedure, anesthesia, Emergency Room treatment, medical, surgical or diagnostic treatment or hospital services rendered the patient under the general and special instructions of the physician. The undersigned recognizes that all physicians furnishing services to the patient, including the radiologist, anesthesiologist, and emergency room physician are independent contractors and are neither employees nor agents of the Hospital.
- 2. RELEASE OF INFORMATION: The hospital may disclose all or any part (including Social Security number) of the patient's medical record to any person or corporation which is or may be liable under a contract to the Hospital or the patient or to a family member or employer of the patient for all or part of the Hospital's charge including, but not limited to, hospital or hospital utilization review entities, including the Peer Review Organizations that may perform Medicare/Medicaid/Champus review or those who have an agreement with the patient's employer, insurance companies, workmen's compensation carriers, Veterans Administration, welfare or the patient's employer. The Hospital may disclose any information concerning my case which is necessary or appropriate concerning my case which is necessary and/or appropriate for medical research. This authorization includes, but is not limited to, the release of information relating to drug, alcohol, HIV/AIDS, and/or psychiatric treatment as specified in Volume 42 of the code of Federal Regulations Part 2. I further authorize any hospital, health care institution, or physician that attended me previously to furnish medical records including radiologic films and laboratory test results which may be requested by the Hospital or my attending physician. This constitutes my specific authorization and consent, under Alabama Statute, to release my prior medical records to Medical Center Enterprise and to my physician(s).
- 3. RELEASE FROM LIABILITY FOR VALUABLES: I have been made aware that Medical Center Enterprise provides facilities for the safekeeping of my valuables and, therefore, I release the Hospital from any responsibility due to loss or damage of my clothing, money, jewelry, glasses, dentures or other items of value that I might keep at my bedside, or that may be brought to me by my friends or relatives unless deposited with the Hospital for safekeeping.
- 4. GUARANTOR/FINANCIAL AGREEMENT: The undersigned and/or patient is entitled to Hospital and/or Physician's benefits of any type whatsoever arising out of any insurance policy or any other party liable to the patient, such benefits are hereby assigned to Medical Center Enterprise, and/or Physician having performed services for this patient during his/her stay at Medical Center Enterprise, and the Radiologist, Pathologist, Anesthesiologist and/or other attending or consulting Physicians, for application to the patient's bill. It is agreed that the Hospital and/or Physician may receipt for any such payment, and such payment will discharge the said insurance company of all obligations under the policy to the extent of such payment. The undersigned and/or patient agrees to be responsible for charges not paid by the assignment. Should the account be referred for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts may be assessed interest at the legal rate.

 5. ASSIGNMENT OF INSURANCE BENEFITS: In the event the undersigned is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance insuring patient of any party liable to patient, such benefits are hereby assigned to Medical Center Enterprise for application on patient's bill, and it is agreed that the Hospital may receipt any such payment and such payment shall discharge the said insurance company of any and all obligation under the policy of the extent of such payment, the undersigned and/or patient being responsible for charges not covered by assignment.
- 6. PHYSICIAN INSURANCE ASSIGNMENT: I, the above named subscriber, hereby authorize payment directly to any physician examining or treating me or any group and/or individual surgical and/or medical radiologist, anesthesiologist, pathologist, emergency room physician and neonatologist benefits herein specified and otherwise payable to me for the services as described but not to exceed the reasonable and customary charge for these services.
- 7. NOTICE OF OCCUPATIONAL EXPOSURE: Occasionally healthcare workers may experience exposure to your blood or body fluids. If this type of exposure occurs, it may be necessary to perform a blood test on you for the Hepatitis B Virus and the HIV (AIDS) Virus. The testing will be done in a manner intended to preserve your privacy and at no cost to you or your family. The test results will be treated as confidential medical information and will be placed in your hospital medical record. Test results will be reported to others only at your request and with your consent, or as required by law and the policies of Medical Center Enterprise.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ OR HAD THE FOREGOING INFORMATION EXPLAINED, HAS RECEIVED A COPY, AND IS THE PATIENT OR IS DULY AUTHORIZED BY THE PATIENT AS THE PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES	
"I certify that I have received a copy of Medical Center Enterprise's Notice of Privacy Practices on the dat	e indicated."
X Lynus Tierson	Date
Patient Signature	Date
Authority to Sign if Not Patient	
ASSIGNMENT OF MEDICARE BENEFITS: PATIENT CERTIFICATION, AUTHORIZATION	TO RELEASE INFORMATION AND PAYMENT REQUEST.
INITIAL BLOCK IF APPLICABLE	
"I certify that the information given by me in applying for payment under XVIII of the Social Security Ac about me to release to the Social Security Administration or its' intermediates or carriers any information of authorized benefits be made on my behalf. I assign the benefits payable for physicians' services or authorized payment to me. I understand that I am responsible for Part A deductible for each spell of illness, the Part E and any personal charges incurred. ACKNOWLEDGMENT OF MEDICAID	needed to for this or a related claim. I request that payment of ze such physicians or organization to submit a claim to Medicare for
"I certify that I am a recipient of the Medicaid program, and request that payment of authorized benefits be hospital insurance carrier to make available to the Alabama Department of the Medical Assistance and requested records relating to my hospitalization. I hereby certify all hospital insurance shall be assigned to the hospit	uested information concerning medical, insurance and financial
Patient Signature	Date
Guarantor or Guardian Signature Witness	Date S-1/-05 Date
. Annilos	

TEANSMISSION REPORT



IHS Pharmacy

Independent Health Services, Inc.

Rainsville, AL 35986 Post Office Box 1428

> Phone: Fax:

1(800)638-9459 1(800)638-3104

INMATE RELEASE FORM

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

AUTHORIZED SIGNATURE	FORL					CYPUS PIERSON	A THE TEST TEST TEST TO SERVICE STATES
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THE INFORMATION CONTAINED IN THIS FACSIMILE AND ANY ATTACHMENTS IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONTINUE AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, YOU ARE PROHIBITED FROM COPYING, DESTRIBUTING, OR USING THE INFORMATION. PLEASE CONTACT THE SENDER IMMEDIATELY AT 1(800)638-3104 AND DESPOSE OF YOUR ORIGINAL

N. C. Call

DATE 3 /23/05



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Rainsville, AL 35986 Post Office Box 1428

> Fax: Phone:

1(800)638-9459 1(800)638-3104

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FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

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AUTHORIZED SIGNATURE

DATE 2/10/05

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independent Heatth Services, Inc. Post Office Box 1428 Rainsville At acond

Phone: 1(800)638-3104 Fax: 1(800)638-9459

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U)(CF)	OFFEE CO JAIL (AL	MEDICATION INFORMATION FORM FACILITY/CODE: COFFEE CO JAIL (AL)(CF)	MEDICATION INFORMAT

IHS Pharmacy

Independent Health Services, Inc. Phon Post Office Box 1428 Fax: Rainsville, AL 35986

Phone: 1(800)638-3104 Fax: 1(800)638-9459

LAST NAME: MEDICATION INFORMATION FORM PLEASE PRINT CLEARLY AND COMPLETE ALL HELDS, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY Michiels FIRST NAME: FACILITY/CODE: COFFEE CO JAIL (AL)(CF) SS 共

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Independent Health Services, Inc. Post Office Box 1428 Rainsville, AL 35986

Phone: 1(800)638-3104
Fax: 1(800)638-9459

TRANSMISSION REPORT

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Rainsville, AL 35986 Post Office Box 1428

> Phone: Tax:

1(800)638-9459 1(800)638-3104

INMATE RELEASE FORM

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

INMATE NAME PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

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Rainsville, AL 35986

TaX: Phone:

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INMATE RELEASE FORM

FACILITY/FACILITY CODE:

INMATE NAME PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY COFFEE CO JAIL (AL)(CF)

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Case 1:07-cv-00451-WKW-WC Document 8-24 Filed 07/19/2007 Page 27 of 32

Sending Confirm

Date : JUL-15-2006 SAT 01:49AM

Name : COFFEE COUNTY JAIL NEW BROCKTON AL

Tel.: 8946231

: 18006389459 Phone

: 1 Pages

Pages : 1
Start Time : 07-15 01:48AM
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1(800)638-3104 1(800)638-9459

Fax:

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Rainsville, AL 35986

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FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

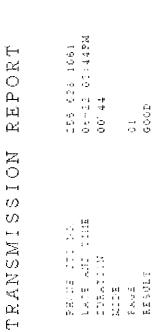
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1(800)638-9459 1(800)638-3104

Post Office Box 1428 Rainsville, AL 35986 INMATE RELEASE FORM

Fax:

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FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

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Post Office Box 1428 Rainsville, AL 35986

Phone: Fax:

1(800)638-9459 1(800)638-3104

INMATE RELEASE FORM

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH

RELEASE DATE/DISPENSE STOP DATE	4-28-03			Fayled 4-28-45	5. Robert	A FORMALDOC GAID!
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AUTHORIZED SIGNATURE

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03-12-01 DR - DRPM

₽'n

EXHIBIT V

Inmate file, Grievance Form, dated 4/19/2007

Coffee County Jail
Case 1:07-cv-00451-WKW-WRen Montes Sheriff Filed 07/19/2007 Page 2 of 3
Zack Ennis, Administrator

Grievance Form

Your Name: Cyrup Purson	_
Date of Incident Leading to Complaint: 4 - 28 - 07	
Date of Incident Leading to Complaint: 1 C.Y. C. 1	

Val I diana Cana la 2 Mas
STATEMENT: Yesterday when they same in 3 was
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before I knew it it was 3:36 pm, 3 12
shift was done. It seems to me the only
Way to yet sometimes agent
out so they can tell captain moss sthe he
The state of the s
Call me up Tront to talk to me!
List of Witnesses, if any: Markelo Reet Peoro G Cary Million
Vinle 2228 Guston Hought Googh WALLESEDA
2 del Della Radeura Merlin Townson
2 del Dullar Rodgers Merlin Townsen a Timothy Council James Bishain
Chromata Composition to Composition

Place Grievance in an envelope, your name on outside of envelope, and give to CO who will see it gets to the Jail Administrator. They weren't busy 32 hrs. Straight That's just no excuse but being lazy as hell.

It wouldn't have took no more then 10 min. of their time to get a mop bucket back here cause I don't like to live in fifth.

All of the little particles on the floor was just tiny grains of medal, & their were pieces long enough for a Shank. What if somebody would've grabbed a honofull & tossed it in somebody's eyes, the proably would've been blind forever

Cyma Pierson

Cell Block 2 AKA. The Thunderdom

EXHIBIT W

Remainder of Plaintiff's Inmate File not otherwise attached as a separate exhibit



HS Phannacy

Independent Health Services, Inc.

Post Office Box 1428 Rainsville, AL 35986

> Phone: Fax:

1(800)638-9459 1(800)638-3104

INMATE RELEASE FORM

FACILITY/FACILITY CODE:

INMATE NAME PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY RELEASE DATE/DISPENSE STOP DATE COFFEE CO JAIL (AL)(CF)

FORMSJINIMER RELEASE CUSTOM FORKLOOD 133

AUTHORIZED SIGNATURE

THE PROBAMATION CONTAINED IN THIS FACSIMILE AND ANY ATTACHMENTS IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENHITY TO WHICH IT IS ADDRESSED, AND MAY ARE PROHIBITED FROM COPYTHIS, DISTRIBUTING, OR USING THE INFORMATION. PLEASE CONTACT THE SENDER MAKEDIATELY AT 1(80)653-3104 AND DISPOSE OF YOUR ORIGINAL.

COFFEE COUNTY JAIL BEN MOATES, SHERIFF ZACK ENNIS, ADMINISTRATOR phone: 334-894-5535 fax: 334-804-6231

MEDICAL TRANSPORT SHEET

	Date://-/4 2	- 0
Name of Inmare Lierson Grans	· ·	<i>[</i>
Reason for Medical Care: Cut above Pet eye		
	:	
Transported From: CCJ		
Transported to: ENT Medical	 -	
ime of Transport: 14:45		
ransporting Othicer C/O Canada		
Inmate Classification (Check One)		

	Federal	
	State	
(City) Enterprise	County	
(on)) Littlerprise	Elba New Brockton	Kinston
		— YZYNT2TOEI

*This form to be completed for each immate receiving any medical treatment



COFFEE COUNTY JAIL BEN MOATES, SHERIFF ZACK ENNIS, ADMINISTRATOR

phone: 334-894-5535 fax: 334-804-6231

MEDICAL TRANSPORT SHEET

Copy

	Date: $3 - 11 - 05$
Name of Inmate: Lynn Pierson	
Reason for Medical Care: Dn. Appl.	
Transported From: Coffee County Joil Transported To: Dr. Cochian	
Time of Transport: / O' & &	
Transporting Officer: 5. Robert	
Inmate Classification (Check One)	
Federal State County (City) EnterpriseElbaNew Brockton	_Kinston

^{*}This form to be completed for each inmate receiving any medical treatment

ACR359

ALABAMA JUDICIAL DATA CENTER COFFEE COUNTY TRANSCRIPT OF RECORD CONVICTION REPORT

CC 2006 000399.00 01 THOMAS E HEAD

CIRCUIT COURT OF	COFFEE COUNTY	Y (COURT ORI: 019	025 J
STATE OF ALABAMA PIERSON CYRUS DE 707 WEST ADAMS S ENTERPRISE AL	VS. SMOND ALIA TREET ALIA 36330	AS: 6	OC NO: GJ 2006 5 J: 06-92 5 SN: 4223302 5 D: 000000 AIS: 000000	000092.00 59
DOB: 09/16/1986 RACE: ()W (X)B	SEX: M HT	F: 5 08 WT: 140 KION: AGE: EST DATE: 11/30/200	HAIR: BLK FEATUR	EYE: BRO
DATE OFFENSE: 11	/30/2005 ARRI	ST DATE: 11/30/200	5 ARREST ORI	: 0190000
CHARGES @ CONV ATT -DISTRIBUTE D	CITES R 13A-012-203	CT CL COURT AC 01 B GUILTY E 00 00	TION PLEA	CA DATE 05/21/2007 00/00/0000 00/00/0000
I THIDGE THOMAS E	HEAD	PROSECUTOR: 0	ARRELL LARRY	C I
PROBATION APPLIE (X)Y()N 0521200	D GRANTED I	DATE REARRESTED	DATE REVOKE	D DATE
15-18-8, CODE OF (X)Y ()N CON PRO DATE SENTENCED:	ALA 1975 IN FINEMENT: 01 BATION: 02 05/21/2007	PATE REARRESTED () Y () N POSED SUSPENDED 00 000 04 00 000 000 SENTENCE BEGINS: 0 COSTS/RESTITUTION	TOTAL JA 05 00 000 0 02 00 000 05/21/2007	IL CREDIT 0 00 180
PROVISIONS		COSTS/RESTITUTION	DUE	ORDERED
CONCURR SENT SPLIT SENTENC DOC/SAPP PGM DRUG JAIL		RESTITUTION ATTORNEY FEE CRIME VICTIMS COST FINE MUNICIPAL FEES DRUG FEES ADDTL DEFENDANT DA FEES COLLECTION ACCT JAIL FEES TOTAL	\$0000 \$0000 \$5.77.000 \$2 \$11 \$11 \$5.000 \$5.00	\$20 \$11 \$20 \$31 \$11 \$20 \$31 \$32 \$31 \$32 \$31 \$32 \$31 \$32 \$32 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35
		TOTAL	\$1427.00	\$1427.00
APPEAL DATE	SUSPENDED	AFFIRMED	REARRES	T
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REMARKS:		ייטדפ דפ יי	O CERTIFY THA ORMATION WAS CIAL COURT RE UE AND CORREC	r THE I
			CON	?
		JAMES M C		
 		07/06/2007	·	

OPERATOR: JEL PREPARED: 07/06/2007

IN THE CIRCUIT COURT OF COFFEE COUNTY, ALABAMA **ENTERPRISE DIVISION**

STATE OF ALABAMA,	*		
PLAINTIFF,	*		
VS.	*	CASE NO.	CC-2006-399
CYRUS D. PIERSON,	*		
DEFENDANT.	*	,	

GUILTY PLEA AND SENTENCING ORDER

Defendant, Cyrus D. Pierson, appeared before the Court and was represented by Hon. Steven E. Blair, Attorney at Law. The State was represented by Hon. Larry C. Jarrell, Assistant District Attorney for the Twelfth Judicial Circuit, State of Alabama.

Upon arraignment, the Defendant entered a plea of GUILTY to the offense of Attempted Distribution of a Controlled Substance (Marihuana), in violation of § 13A-12-203 of the Code of Alabama, 1975.

The Court conducted a colloquy and is satisfied that Defendant understands the nature of and elements required to constitute the crime charged against him and the range of penalty for said offense. The Court is further satisfied that Defendant knowingly, intelligently, and voluntarily waives his right to trial, by judge or jury, his right to confrontation, his right to the attendance of defense witnesses through compulsory process, and his right against compulsory self-incrimination. The Court finding a factual basis for the plea and/or being of the opinion that the Defendant fully understands the significance of same, accepts his plea of guilty.

The Defendant is pronounced and declared GuiLTY of Attempted Distribution of a Controlled Substance (Marihuana), as charged in the indictment.

Defendant was then: (1) Afforded an opportunity to make a statement in his own behalf before sentencing and was further asked if he had anything to say as to why the sentence of the law

100

. 2

The State was then afforded an opportunity to present evidence as to any matter probative to the issue of sentence(s) and/or facts in aggravation or mitigation of any penalties that are to be imposed. The District Attorney submitted the appropriate "Voluntary Sentencing Standards Worksheet" for the convicted offense, which was reviewed and considered prior to imposition of sentence.

The State further offered a "Settlement Agreement" containing, among other things, certain negotiated sentencing recommendations.

The Court having considered the settlement agreement offered, arguments of the parties, the sentencing standards worksheet, and all evidence presented, it is;

ORDERED that for Defendant's aforesaid conviction, he is hereby sentenced, on recommendation of the District Attorney, to serve five (5) years imprisonment in the Penitentiary of the State of Alabama, concurrently with sentence in CC-2006-23, and to pay costs, \$50.00 to be distributed to the Alabama Crime Victim Compensation Commission, \$100.00 assessment payable to the Department of Forensic Science Services Trust Fund, \$1,000.00 fine pursuant to the "Demand Reduction Assessment Act" (13A-12-281), and full reimbursement for indigent attorney fees.

Pursuant to plea agreement and under the provisions of the *Alabama Split Sentence Act*, Defendant's sentence is split with Defendant to serve one year imprisonment in the Coffee County Courthouse, with balance suspended and Defendant placed on two years supervised probation. Defendant is given credit for all time served while awaiting trial and/or disposition in this case, same to be applied to the active portion of Defendant's sentence. (It was represented to the Court that Defendant has accumulated 180 days jail credit.)

During the probationary phase of Defendant's sentence, conditions of his probation are as follows: (a) Defendant shall not commit a crime; (b) Defendant shall report to his probation officer as

often as directed and abide by any special conditions of probation imposed by his supervising probation officer; (c) Defendant shall pay all taxed sums in accordance with a plan to be implemented through his supervising probation officer; and (d) Defendant enroll in and complete a substance abuse program approved by the Court Referral Officer.

The payment of all taxed sums is specifically made a condition of Defendant's probation, parole and/or other early release from penitentiary confinement. Should the Defendant be incarcerated in a State of Alabama Penitentiary or Correctional Facility and have income while therein, the Alabama Department of Corrections is ORDERED to pay twenty-five percent (25%) of Defendant's said funds (which funds of the Defendant the Department may come into possession of) to the Clerk of the Court, Coffee County, Alabama, as is allowed by law and said Department is ordered to pay same to the Clerk of the Court until such time as all ordered monies are paid in full.

Also as an additional part of Defendant's sentence, he is ordered to submit upon demand to the taking of a DNA sample or samples, as required by § 36-18-24, <u>Code of Alabama</u>, 1975.

Defendant reserved no issue(s) for purposes of appeal

DONE THIS THE 21st day of May, 2007.

CIRCUIT JUDGE



W: 59 58 979 5.0.

COFFEE

COUNTY, ALABAMA

CYRUS PIERSON

Date

DIVISION ENTERPRISE

DEFENDANT	SETTLEMENT	AGREEMENT	ENTERPRISE	DIVISION
After discussion and negotiation	between counsel for the def	CIUDIII. UEIEIDAIII AID	CASE NO: CC 2006	6-H-399
the prosecution, it is agreed, su 1. The defendant will enter a p	oject to acceptance by the Co lea of quilty to the charge(s)	ourt, that:	Occ-E	6-23
D ATTEMPTED DISTRIBUTION	N OF CONTROLLED SUBS	TANCE		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~	produced to Recei	mg (2)	•	
	ten Property third			
2. The prosecutor will recommo		es to accept a sentence	of: 8	
IF ACCEPTED BY PLEA DA	TF TENS (9) TENSOR DE MAN	FIVE (5) VEADO	A A A Souli	t with
years ordered executed and (3) YEARS plus FIVE plus FI	balance suspended for	Vears supervised pro	obation. If after plea	a date, THREE
1,000.00 Demand	Reduction Assessment, \$10	·	c Sciences Fine, 6	months loss of
driver's license, X	_CRO/SAP, \$	FINE	30 ,00	17.
0.18/1.11		(2) Bungany	CH. C	Thus
Whether sentence is Suspe	nded? Split? Probation?	Plane	a Stolen F.	year concurre
4. If probation is part of the agr	eement. Defendant will carry	4		74k
condition of probation, Defenda	int will pay court ordered mor	nies at the rate of \$		Intil court ordered
monies are paid in full. 5. Defendant will pay RESTITU		To be delen	to the Clerk of	Court for
distribution to <u>Charlene</u> Street En		DNCK/	RENT	· ·
	- () -	canbes	eweln Co	inh gail &
Defendant shall be ordered: Compensation Commission of	50.00 25	AND defendant will () not be required	to reimburse
the State of Alabama for indige 7. Defendant affirmatively state	nt attorney's fees. s Defendant reserves no issu	ies for anneal. Δε a had	is of this Sottleman	t Aaroomont
Derendant walves/gives up any	right of appeal in the aboved	i styled cause. Defenda	nt acknowledges be	e is aware he
has a right to demand a Pre-Se demand a Pre-Sentence Repor	t of Investigation before sent	encina		
8. Defendant shall receive cred CREDIT FOR TIME SERVED V	lit for time spent in custody w	hile awaiting trial and/or	disposition in this/ti	hese case(s).
OKEDIT TOK TIME OF TVED T	WHILE AWAITING DIST COLL	TON OF THIS CASE	180 days	1 %
9. No other terms or conditions	related to judgment and sen	tence in this/these case	(s) are agreed on or	contemplated by the
defendant or the prosecutor. The for enhancement of sentence.	ne parties stipulate Defendar) which are to be used
or ormaniosmone or contende.				1213142
		_	D 63.101	10 16/13
May 21, 2007		Guns	Y/R/ADIN	
Date 0		Signature of Defendan	4 60	200
		On 200	To the state of th	Bai
			- I I I I I I I I I I I I I I I I I I I	internal property of the second
•		Signature of Defendar	nt's Counsel	S8275826272826
		Sam Tunca	ein	686709
		Signature of Prosecut	or 2	
Having reviewed the settlement	agreement entered into by the	ne defendant and the pro	osecutor, the Court	hereby:
Accepts the Settlement Agree Rejects the Settlement Agree	ement and incorporates same	e in the judgment and se	entence.	
		GG TOROVO,		
May 21, 2007		L.	e 4/	

Judge

State of Alabama Unified Judicial System

EXPLANATION OF RIGHTS AND PLEA OF GUILTY

Case Number

Form CR-51(front)

Rev. 7/96

(Non-Habitual Offender — Felony and Misdemeanor Circuit or District Court)

IN THE	COURT OF		, ALABAMA
(Ci	rcuit or District)	(Nan	ne of County)
STATE OF ALABAMA v		eism	A151617181922
informs you of your rights	D DEFENDANT: The Court, having been information as a criminal defendant. PENALTIES APPLICABLE THE COURT OF MALE AND AND AND AND AND AND AND AND AND AND	7.	JUN 2007 22
Court has been informed the	hat you desire to enter a plea of guilty to the misdemeanor. The sentencing range for the	is offense or □ to\blig c	ritherent Alt you will be st
			12 12 66 66 5 T
MISDEMEANOR		FELONY	
Class A	Up to one (1) year imprisonment in the county jail, or a fine up to \$2,000, or both.	Class A	Not less than ten (10) years and not more than life or ninety-nine (99) years imprisonment in the state penitentiary, and may include a fine not to exceed \$20,000.
Class B	Up to six (6) months imprisonment in the county jail, or a fine up to \$1,000, or both.	Class B	Not less than two (2) years and not more than twenty (20) year imprisonment in the state penitentiary, and may include a fine not to exceed \$10,000.
Class C	Up to three (3) months imprisonment in the county jail, or a fine not to exceed \$500, or both.	Class C	Not less than one (1) year and one (1) day and not more than ten (10) years imprisonment in the state penitentiary, and may include a fine not to exceed \$5,000.
Compensation Commission of not for which you are convicted. This crime is also subject in the Enhanced Punishment is a firearm or deadly weapon was for the commission of a Class A not less than 10 years; For the interest Enhanced Punishment is additional penalty of five years in the Enhanced Punishment in Enhanced Punishment in Enhanced Punishment.	For Sales Of Controlled Substance To One Under	ony and not less than \$25 and as provided by law: (Provided of Alabama 1975, provided felony." This section provides; For the commission ment of not less than 10 y bama 1975, provides that a college, university or other	isions Checked Apply To Your Case) des for the enhancement of a punishment where vides for the following punishment in such event: of a Class B Felony, a term of imprisonment of ears. any person who is convicted of unlawfully selling or educational institution, must be punished by an
of selling, furnishing or giving a punishment imposed shall not be a punishment imposed shall not be a punishment imposed shall not be a punishment imposed shall not be a punishment as a first-suspended if, with court approval, of the program, you may apply to the can be withdrawn by the court if you (unlawful possession of marijuana a motor vehicle for a period of significant of the program as a motor vehicle for a period of significant of the program as a motor vehicle for a period of significant of the program as a motor vehicle for a period of significant of the program as a motor vehicle for a period of significant of the program as a motor vehicle for a period of significant of the program as a period of the	away a controlled substance to one who has not yet a suspended or probation granted. In Assessment Act and Loss of Driving Privileges: So 13A-12-211, 13A-12-212, 13A-12-213, 13A-12-215 of time offender or \$2,000 if you are a repeat offender you enter a drug rehabilitation program and if you agree the court to reduce the penalty by the amount actually you fail to enroll in or successfully pursue or otherwise fain the second degree), \$32-5A-191(a)(3) or \$32-5A-1 ix months, which shall be in addition to any suspension of any such evaluation, you will be required to composite which you are referred. Failure to submit to an evaluation, you will be required to an evaluation.	t attained the age of 18 ye ection 13A-12-281 provides in 13A-12-231, Code of Alaunder one of these section e to pay for a part or all of the paid by you for participation all to complete an approved 191(a)(4)(DUI offenses involunted or all the recommended coulet the recommended coulet an approved the paid by the pai	ars, shall be guilty of a Class A Felony and the sthat, if you are convicted of a violation of §13A-bama 1975, you shall be assessed an additional as. Collection of all or part of the penalty will be the program costs. Upon successful completion in the program. Any suspension of the penalty it program. In addition, pursuant to §13A-12-214 olving drugs), you will lose your privilege to drive provided by law. required to undergo an evaluation for substance are of education and/or treatment and to pay for

be considered a violation of any probation or parole you may be granted. You may also be required to attend monitoring sessions, including random drug and alcohol testing or blood, urine and/or breath, tests and to pay a fee for this service. You may request a waiver of part or all of the fees assessed if you are indigent or for any portion of time you are financially unable to pay. Community service may be ordered by the court in lieu of the monetary payment of fees by an indigent.

Case 1:07-cv-00451-	WKW-WC Document 8-26 Filed 07/19/2007 Page 11 of 34
Form CR-51 (back) Rev. 7/96	EXPLANATION OF RIGHTS AND PLEA OF GUILTY (Non-Habitual Offender—Felony and Misdemeanor Circuit or District Court)
persons convicted of any of the offenses DUI Offenses: Beginning Octobe \$100.00 will be assessed pursuant to §32 Drug Possession: Beginning O	ses in §36-18-24: Beginning May 6, 1994, §36-18-25(e), Code of Alabama 1975, provides that, as of May 6, 1994, set out in §36-18-24, shall be ordered by the court to submit to the taking of a DNA sample or samples. or 1, 1993, if you are convicted of a DUI offense pursuant to §32-5A-191, Code of Alabama 1975, an additional fine of 2-5A-191.1, Code of Alabama 1975, ctober 1, 1995, if you are convicted in any court of this state for drug possession, drug sale, drug trafficking, or dru A-12-211 to 13A-12-260, inclusive, Code of Alabama 1975, an additional fee of \$100.00 will be assessed pursuant to
compelled to give evidence against yours questions. If you do answer questions know You have the right to enter, or stand on Not Guility by Reason of Mental Disease or Enterevidence presented before them. If you do assist you, you would have the right to witnesses to testify on your behalf and to have stand and to testify, but only if you chose to any other witness is subjected to cross ex Your attorney is bound to do everything he if you elect to proceed to trial, you come produces sufficient evidence to convince the case. If the State fails to meet its burden, If you are entering a guilty plea to a conguilty to a charge preferred against you by IF YOU PLEAD GUILTY, THERE WILL TO REPRESENTATION BY AN ATTORNE YOU WILL, HOWEVER, HAVE THE RIGHT.	charge for which you have not yet been indicted, you are waiving indictment by a grand jury and you will be pleading a District Attorney's Information filed with the court. BE NO TRIAL. YOU WILL BE WAIVING THE RIGHTS OUTLINED ABOVE, EXCEPT YOUR RIGHTS RELATING Y. THE STATE WILL HAVE NOTHING TO PROVE AND YOU WILL STAND GUILTY ON YOUR GUILTY PLEA. IT TO APPEAL. BUT YOUR RIGHTS OR THE CONSEQUENCES OF PLEADING GUILTY, PLEASE LET THE COURT KNOW NOW
May 21, 2007	Judge
rights and the consequences of pleading gr	ATTORNEY'S CERTIFICATE defendant by me; that I explained the penalty or penalties to the defendant, that I discussed in detail the defendant's uilty; and that, in my judgment, the defendant understands the same and that he/she is knowingly, voluntarily, and ing a voluntary and intelligent plea of guilty. I further certify to the court that I have in no way forced or induced the idge, no one else has done so. Attorney

DEFENDANT'S STATEMENT OF WAIVER OF RIGHTS AND PLEA OF GUILTY

I certify to the court that my attorney has read and explained the matters set forth above; that my rights have been discussed with me in detail and fully explained; that I understand the charge or charges against me; that I understand my rights, the punishment or punishments provided by law as they may apply to my case, and I understand the consequences of pleading guilty; that I am not under the influence of any drugs, medicines, or alcoholic beverages; and I have not been threatened or abused or offered any inducement, reward, or hope or reward to plead guilty other than the terms of the plea agreement, which will be stated on the record.

I further state to the court that I am guilty of the charge to which I am entering a plea of guilty, that I desire to plead guilty, that I made up my own mind to plead guilty, and that I knowingly, intelligently, and voluntarily waive my right to a trial in this case. I further state to the court that I am satisfied with my attorney's services and his/her handling of my case.

May 21, 2001

Defendant June Tuneov

	WARR	ANT	6013			
STATE OF ALAB	AMA COF	FEE COUNTY		DI	STRICT	COURT
AGENCY NUMBER	:	WARRI OTHEI	ANT NUMBER: R CASE NBR:	WR 2007	000397.	00
TO ANY LAWFUL	OFFICER OF THE STA	TE OF ALABA	: AMA			
ON A CHARGE (Y COMMANDED TO ARRE E THE DISTRICT COU S) OF:					
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	DAY OF JUNE, 2007.					
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CITY: ENTERPR	ISE STATE	: AL	ZIP: 36330 PHONE: 000	000 0000	EXT: 0	00
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		SHERIFF				
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. = u = n n n u = n u		BY				
COMPLAINANT:	CPT. RICHARD MOSS C/O CCSO					
•	NEW BROCKTON AL	36351				

ALABAMA JUDICIAL INFORMATION SYSTEM

* * * IN THE DISTRICT COURT OF COFFEE COUNTY * * *

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000397.00 OTHER CASE NBR:

COMPLAINT

BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF COFFEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY CONTRABAND, TO-WIT: TOBACCO IN VIOLATION OF 13A-010-038 OF THE CODE OF ALABAMA, AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.

COMPLAINANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.

DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-038

M MISDEMEANOR

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/NEW BROCKTON/36351

MIKE MITCHELL/C/O CCJ/NEW BROCKTON/36351 JEFF SHELTON/C/O CCSO/NEW BROCKTON/36351 AUSTIN REDMON/C/O CCSO/NEW BROCKTON/3635 NEAL BRADLEY/C/O CCSO/NEW BROCKTON/36351

	WARI	TMAS			
STATE OF ALA	BAMA COE	FEE COUNTY	r	DISTRI	CT COURT
AGENCY NUMBE	R:	WARI OTHE	ANT NUMBER: R CASE NBR:	WR 2007 0003	95.00
TO ANY LAWFU	L OFFICER OF THE STA	TE OF ALAR	AMA:		
YOU ARE HERE HIM/HER BEFO ON A CHARGE	BY COMMANDED TO ARRE RE THE DISTRICT COU (S) OF:	ST CYRU IRT OF COFF	S PIERSON EE COUNTY TO	AND BRING O ANSWER THE	STATE
AND HAVE YOU	PROMOT PRISON OF THEN AND THERE THIS	CONTRA CLA WRIT WITH	SS: C TYPE YOUR RETURI	: F COUNTS: (
	EIVE UNTO YOUR CUSTO	DY AND DET	ATN HTM/HER	UNTIL THE	
DATED THIS 0	8 DAY OF JUNE, 2007.				
BOND SET AT:	\$1,500.00	BOND TYPE	1		
00	(3)		·		
De Cl	all links				
JUDGE/CLERK/I	MAGISTRATE OF DISTRI	CT COURT			
CHARGES: PRO	MOT PRISON CONTRA 1	3A-010-037	I	FELONY	
NAME: CYRUS I	PIERSON W ADAMS	A	LIAS: ALIAS:		
ADDRESS: CITY: ENTERPI	RISE STATE	: AL	ZIP: 36330	0000	
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EMPLOYMENT: DOB: 09/16/19	986 RACE: B S	EX: M H	ATR: BIK		
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THIS	DAY OF				
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		SHERIFF	·		_
		BY			 .
COMPLAINANT:	CPT. RICHARD MOSS C/O CCSO				
,	ENTERPRISE AL 36:	330			

Case 1:07-cv-00451-WKW-WC Document 8-26 Filed 07/19/2007 Page 15 of 34

ALABAMA JUDICIAL INFORMATION SYSTEM

* * * IN THE DISTRICT COURT OF COFFEE COUNTY * * *

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000395.00 OTHER CASE NBR:

COMPLAINT

BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF COFFEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY NARCOTIC, DANGEROUS DRUG, OR CONTROLLED SUBSTANCE, TO-WIT: MARIJUANA,
IN VIOLATION OF 13A-010-037
OF THE CODE OF ALABAMA, AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.

COMPLAINANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.

JUDGE LERK MAGHSTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-037 F FELONY

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/ENTERPRISE/36330

MICHAEL BRYAN/C/O CCJ/ENTERPRISE/36330 STANLEY ROBERTS/C/O CCJ/ENTERPRISE/36330 MIKE MITCHELL/C/O CCJ/ENTERPRISE/36330

WARRANT	
STATE OF A SAMA COFFEE COUNTY DISTRICT COUNTY	RT
AGENCY NUMBER: WR 2007 000395.00 OTHER CASE NBR:	
TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:	
YOU ARE HEREBY COMMANDED TO ARREST CYRUS PIERSON AND BRING HIM/HER BEFORE THE DISTRICT COURT OF COFFEE COUNTY TO ANSWER THE STATE ON A CHARGE(S) OF:	
PROMOT PRISON CONTRA CLASS: C TYPE: F COUNTS: 001 AND HAVE YOU THEN AND THERE THIS WRIT WITH YOUR RETURN THEREON.	
YOU WILL RECEIVE UNTO YOUR CUSTODY AND DETAIN HIM/HER UNTIL THE DAY OF, OR UNTIL LEGALLY DISCHARGED.	
DATED THIS 08 DAY OF JUNE, 2007.	
DATED THIS 08 DAY OF JUNE, 2007. BOND SET AT: {1} \$1,500.00 BOND TYPE:	
$\int_{\mathbb{R}^{3}} \frac{1}{1} \int_{\mathbb{R}^{3}} \frac{1}{1} \int_{\mathbb{R}$	
All Claria Conta	
JUDGE/CLERK/MACLISTRATE OF DISTRICT COURT	
CHARGES: PROMOT PRISON CONTRA 13A-010-037 F FELONY	
NAME: CYRUS PIERSON ALIAS: ADDRESS: 707 W ADAMS ALIAS:	
ADDRESS:	
CITY: ENTERPRISE STATE: AL ZIP: 36330 0000 PHONE: 000 0000 EXT: 000	
EMPLOYMENT: DOB: 09/16/1986	
EXECUTION	. .
EXECUTED THE WITHIN WARRANT BY ARRESTING THE DEFENDANT AND	
($igstyle{ imes}$) placing defendant in the coffee county jail	
() RELEASING DEFENDANT ON APPEARANCE BOND	
THIS 1941 DAY OF JUDE 2007	
SHERIFF	
By all Jum	
COMPLATIANT. CDD DIGUADD MOCG	
COMPLAINANT: CPT. RICHARD MOSS C/O CCSO	
ENTERPRISE AL 36330	
OPERATOR: DEC DATE: 06/08/2007	. .

ALABAMA JUDICIAL INFORMATION SYSTEM

* * * IN THE DISTRICT COURT OF COFFEE COUNTY * * *

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000395.00 OTHER CASE NBR:

COMPLAINT

BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF COFFEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND DEFENDANT,

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY NARCOTIC, DANGEROUS DRUG, OR CONTROLLED SUBSTANCE, TO-WIT: MARIJUANA, IN VIOLATION OF 13A-010-037 OF THE CODE OF ALABAMA, AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.

@COPY

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.

OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-037

F FELONY

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/ENTERPRISE/36330

MICHAEL BRYAN/C/O CCJ/ENTERPRISE/36330 STANLEY ROBERTS/C/O CCJ/ENTERPRISE/36330 MIKE MITCHELL/C/O CCJ/ENTERPRISE/36330

ACR359

ALABAMA JUDICIAL DATA CENTER COFFEE COUNTY TRANSCRIPT OF RECORD CONVICTION REPORT

CC 2006 000023.00 01 ROBERT W BARR

CIRCUIT COURT OF	COFFEE COUNTY	C	OURT ORI: 0190	25 J
STATE OF ALABAMA PIERSON CYRUS D 707 WEST ADAMS ENTERPRISE AL	VS. ALIA ALIA 36330	S: GS: SS	C NO: GJ 2005 J: 05-293 SN: 42223025 ID: 00000000 IS: 000000	000293.00 9 0
DOB: 09/16/1986 RACE: ()W (X)B	SEX: M HT	: 5 09 WT: 160 ION: AGE:	HAIR: BLK E	YE: BRO
DATE OFFENSE: 02	/18/2005 ARRE	ST DATE: 01/03/200	6 ARREST ORI:	0190200
CHARGES @ CONV THEFT OF PROP 3RD	CITES 13A-008-005	CT CL COURT AC' 01 A GUILTY P 00 00	TION C LEA 0 0	A DATE 5/21/2007 0/00/0000 0/00/0000
JUDGE: ROBERT W	BARR	PROSECUTOR: J	ARRELL LARRY C	
PROBATION APPLIE	$\mathbf{D} = \mathbf{GRANTED} \mathbf{D}$	$\begin{array}{ccc} \text{ATE} & \text{REARRESTED} \\ & () \text{Y} () \text{N} \\ \hline \end{array}$	DATE REVOKED	DATE
15-18-8, CODE OF CON CON PRODATE SENTENCED:	ALA 1975 IM FINEMENT: 01 BATION: 00 05/21/2007	POSED SUSPENDED 00 000 00 00 000 00 000 SENTENCE BEGINS: 0	TOTAL JAI 01 00 000 00 00 00 000 5/21/2007	L CREDIT 00 180
PROVISIONS		COSTS/RESTITUTION	DUE	ORDERED
CONCURR SENT	İ	RESTITUTION ATTORNEY FEE CRIME VICTIMS COST FINE MUNICIPAL FEES DRUG FEES ADDTL DEFENDANT DA FEES COLLECTION ACCT JAIL FEES	00000000000000000000000000000000000000	00000000000000000000000000000000000000
		TOTAL AFFIRMED	\$286.00	\$286.00
APPEAL DATE	SUSPENDED	AFFIRMED	REARREST	
()Y()N	(_)Y(_)N	()Y()N	()Y() N
REMARKS:		mitta ta mi	O CERTIFY THAT ORMATION WAS E CIAL COURT REC UE AND CORRECT	' 'I'≌ H' I
			COPY	
	•	JAMES M C 06/19/2007		
		06/19/2007		

OPERATOR: JEL PREPARED: 06/19/2007

CASE NO. CC-2006-23

IN THE CIRCUIT COURT OF COFFEE COUNTY, ALABAMA **ENTERPRISE DIVISION**

STATE OF ALABAMA,

PLAINTIFF,

VS.

CYRUS D. PIERSON,

DEFENDANT.

GUILTY PLEA AND SENTENCING ORDER

Defendant, Cyrus D. Pierson, appeared before the Court and was represented by Hon. Steven E. Blair, Attorney at Law. The State was represented by Hon. Larry C. Jarrell, Assistant District Attorney for the Twelfth Judicial Circuit, State of Alabama.

On motion of the District Attorney, with Defendant's concurrence, the indictment is amended to charge Theft of Property, Third Degree, a misdemeanor. Upon arraignment, the Defendant entered a plea of GUILTY to Theft of Property. Third Degree, in violation of Section 13A-8-5 of the Code of Alabama, 1975.

The Court conducted a colloquy and is satisfied that Defendant understands the nature of and elements required to constitute the crime charged against him and the range of penalty for said offense. The Court is further satisfied that Defendant knowingly, intelligently, and voluntarily waives his right to trial, by judge or jury, his right to confrontation, his right to the attendance of defense witnesses through compulsory process, and his right against compulsory self-incrimination. The Defendant's plea is accepted by the Court and Defendant is pronounced and declared GUILTY of Theft of Property, Third Degree, as charged by the amended indictment.

Defendant was then: (1) Afforded an opportunity to make a statement in his own behalf before sentencing and was further asked if he had anything to say as to why the sentence of the law should not be imposed; and (2) Given an opportunity to present evidence as to any matter probative in the issue of sentence and/or facts in mitigation of any penalty that is to be imposed.

The State was then afforded an opportunity to present evidence as to any matter probative to the issue of sentence and/or facts in aggravation or mitigation of any penalty that is to be imposed. The State made certain sentencing recommendations as per the parties' agreed upon settlement.

After considering the settlement agreement offered, arguments of the parties, and any evidence presented, it is:

HEREBY ORDERED that for Defendant's aforesaid conviction, he is hereby sentenced, on recommendation of the District Attorney, made pursuant to plea agreement, to serve one year imprisonment in the Coffee County Jail, concurrently with Case No. CC-2006-399, and to pay to the Clerk of Court costs, \$25.00 to be distributed to the Alabama Crime Victim Compensation Commission, and full reimbursement of indigent attorney fees. The payment of all taxed sums is specifically made a condition of Defendant's probation, parole and/or other release from penitentiary confinement. Defendant is given credit for all time served while awaiting trial and/or disposition in this case. The Court was advised that Defendant has accumulated 180 days jail credit. NOTE: The District Attorney advising the amount of restitution has not been determined, the Court reserves jurisdiction of this issue.

Defendant reserved no issue(s) for appeal.

DONE THIS THE 21st day of May, 2007.

CIRCUIT JUDGE



Rev. 7/96

Document 8-26

Filed 07/19/2007

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State of Alabama Unified Judicial System

Form CR-51(front)

EXPLANATION OF RIGHTS AND PLEA OF GUILTY

(Non-Habitual Offender — Felony and Misdemeanor Circuit or District Court) Case Number

IN THE	COURT OF	, ALABAMA
(Circuit or District)		(Name of County)
STATE OF ALABAMA v.	Cewus Plaisir	
	Defendant	

TO THE ABOVE-NAMED DEFENDANT: The Court, having been informed that you wish to enter a plea of guilty in this case, hereby informs you of your rights as a criminal defendant.

PENALTIES APPLICABLE TO YOUR CASE

- 1	MISDEMENIOR		LLON	
	Class A	Up to one (1) year imprisonment in the county jail, or a fine up to \$2,000, or both.	Class A	Not less than ten (10) years and not more than life or ninety-nine (99) years imprisonment in the state penitentiary, and may include a fine not to exceed \$20,000.
	Class B	Up to six (6) months imprisonment in the county jail, or a fine up to \$1,000, or both.	Class B	Not less than two (2) years and not more than twenty (20) year imprisonment in the state penitentiary, and may include a fine not to exceed \$10,000.
	Class C	Up to three (3) months imprisonment in the county jail, or a fine not to exceed \$500, or both.	Class C	Not less than one (1) year and one (1) day and not more than ten (10) years imprisonment in the state penitentiary, and may include a fine not to exceed \$5,000.

Crime Victims Assessment: You will also be ordered to pay an additional monetary penalty for the use and benefit of the Alabama Crime Victims Compensation Commission of not less than \$50 and not more than \$10,000 for each felony and not less than \$25 and not more than \$1,000 for each misdemeanor for which you are convicted.

This crime is also subject to the following enhancements or additional penalties as provided by law: (Provisions Checked Apply To Your Case)

□ Enhanced Punishment For Use Of Firearm Or Deadly Weapon: §13A-5-6, Code of Alabama 1975, provides for the enhancement of a punishment where a "firearm or deadly weapon was used or attempted to be used in the commission of a felony." This section provides for the following punishment in such event: For the commission of a Class A Felony, a term of imprisonment of not less than 20 years; For the commission of a Class B Felony, a term of imprisonment of not less than 10 years; For the commission of a Class C Felony, at term of imprisonment of not less than 10 years.

☐ Enhanced Punishment for Drug Sale Near School: §13A-12-250 Code of Alabama 1975, provides that any person who is convicted of unlawfully selling any controlled substance within a three (3) mile radius of a public or private school, college, university or other educational institution, must be punished by an additional penalty of five years' imprisonment for each violation.

Enhanced Punishment For Sales Of Controlled Substance To One Under 18: §13A-12-215, Code of Alabama 1975, provides that anyone convicted of selling, furnishing or giving away a controlled substance to one who has not yet attained the age of 18 years, shall be guilty of a Class A Felony and the punishment imposed shall not be suspended or probation granted.

□ Drug Demand Reduction Assessment Act and Loss of Driving Privileges: Section 13A-12-281 provides that, if you are convicted of a violation of §13A-12-202, 13A-12-203, 13A-12-204, 13A-12-211, 13A-12-212, 13A-12-213, 13A-12-215 or 13A-12-231, Code of Alabama 1975, you shall be assessed an additional fee of \$1,000 if you are a first-time offender or \$2,000 if you are a repeat offender under one of these sections. Collection of all or part of the penalty will be suspended if, with court approval, you enter a drug rehabilitation program and if you agree to pay for a part or all of the program costs. Upon successful completion of the program, you may apply to the court to reduce the penalty by the amount actually paid by you for participation in the program. Any suspension of the penalty can be withdrawn by the court if you fail to enroll in or successfully pursue or otherwise fail to complete an approved program. In addition, pursuant to §13A-12-214 (unlawful possession of martijuana in the second degree), §32-5A-191(a)(3) or §32-5A-191(a)(4)(DUI offenses involving drugs), you will lose your privilege to drive a motor vehicle for a period of six months, which shall be in addition to any suspension or revocation otherwise provided by law.

Alcohol/Drug Related Offenses: If you are convicted of an alcohol or drug-related offense, you will be required to undergo an evaluation for substance abuse. Based upon the results of any such evaluation, you will be required to complete the recommended course of education and/or treatment and to pay for the evaluation and any program to which you are referred. Failure to submit to an evaluation or failure to complete any program to which you may be referred will be considered a violation of any probation or parole you may be granted. You may also be required to attend monitoring sessions, including random drug and alcohol testing or blood, urine and/or breath, tests and to pay a fee for this service. You may request a waiver of part or all of the fees assessed if you are indigent or for any portion of time you are financially unable to pay. Community service may be ordered by the court in lieu of the monetary payment of fees by an indigent.

Case 1:0	7-cv-00451-W	√KW) -WC	Document 8-26	Filed 0 7/1 9/2007	Page 22 of 34
Form CR-51 (back)	Rev. 7/96	(1)		OF RIGHTS AND PLEA O	
persons convicted of an DUI Offenses: \$100.00 will be assessed	y of the offenses se Beginning October 1 ad pursuant to §32-5 ion: Beginning Octo is defined in §§13A-	t out in §36-18-2 I, 1993, if you ard A-191.1, <i>Code o</i> ober 1, 1995, if y	4, shall be ordered by the cou e convicted of a DUI offense p f Alabama 1975, rou are convicted in any court	rt to submit to the taking of a E oursuant to §32-5A-191, Code of this state for drug possessi	75, provides that, as of May 6, 1994, a DNA sample or samples. of Alabama 1975, an additional fine of ion, drug sale, drug trafficking, or drug \$100.00 will be assessed pursuant to
compelled to give evided questions. If you do ansee You have the right to Not Guilty by Reason of Methodology the evidence presented by the evidence presented by the evidence presented by the evidence to the evidence of th	ence against yoursel swer questions know of enter, or stand on if Mental Disease or Defore them. If you eled have the right to cour behalf and to have to only if you chose to ojected to cross exall to do everything he/sed to trial, you come once to convince the just of meet its burden, you a guilty plea to a chired against you by a plicity, THERE WILL ISY AN ATTORNEY.	tates and the Co if. Your attorney ving that you hav previously enter fect" and have a confront and cros their attendance is do so, as no one mination. If you she can honorable to court presume iny (or the court if ou would be foun arge for which you be no TRIAL Y THE STATE W T TO APPEAL JT YOUR RIGHT	cannot disclose any confider re a right to silence, you will he ed, a plea of "Not Guilty" or Not public trial before a duly selected, you would have the right to se examine your accuser(s) as a court and their testimony received and reasonably do to see the dot obe innocent. This presure the trial is non-jury) of your good not guilty. The trial is non-jury) of your good not guilty. The trial is non-jury of your good not guilty. The trial is non-jury of your good not guilty. The trial is Non-jury of your good not guilty. The trial is Non-jury of your good not guilty. The trial is Non-jury of your good not guilty. The trial is Non-jury of your good not guilty.	te of Alabama, you have a rightial talks he/she has had with ave waived your right to remain of Guilly by Reason of Mental cted jury. The jury would decid be present, you would have to he present, you would have to he if you elect to testify, you can be your attorney will be allowed that you obtain a fair and impartingtion of innocence will follow utilt beyond a reasonable double, you are waiving indictment by ourt. RIGHTS OUTLINED ABOVE, I	Disease or Detect," or "Not Guilly and de your guilt or innocence based upon the right to have your attorney present you would have the right to subpoena ould have the right to take the witness e cross examined by the State just as to comment about that fact to the jury.
May 21, 20	01		Judge	mas & Ales	un com
rights and the conseque intelligently waiving his/defendant to plead guilty May 21, Date	ences of pleading guiner rights and entering and, to my knowled	illty; and that, in ng a voluntary a dge, no one else	my judgment, the defendant und intelligent plea of guilty. It has done so. Attorney	penalties to the defendant, the understands the same and that further certify to the court that I	at I discussed in detail the defendant's the/she Is knowingly, voluntarily, and I have in no way forced or induced the
I certify to the cou	DEFE rt that my attorney h	ADANT'S STAT as read and exp	EMENT OF WAIVER OF RIG Mained the matters set forth a	bove; that my rights have been	n discussed with me indetail and fully

explained; that I understand the charge or charges against me; that I understand my rights, the punishment of minishments provided by law is they may apply to my case, and I understand the consequences of pleading guilty; that I am not under the influence of any drugs medicines, of algoholic between the not been threatened or abused or offered any inducement, reward, or hope or reward to plead guilty other than the terms of the plea agreement which will be stated on the record.

1 further state to the court that I am guilty of the charge to which I am entering a plea of guilty, that I desire to plead guilty, that I made up my own mind to plead

guilty, and that I knowingly, intelligently, and voluntarily waive my right to a trial in this case. I further state to the court that I am satisfied with my attorney's services and his/her handling of my case.

May 21, 2007

L. Cyud-Pierson

Defendant

PAGE 2

ACR479 Case 1:07-cv-00451-WKW-WC Filed 07/19/2007 Page 23 of 34 Document 8-26 ALABAMA JUDICIAL DATA CENTER

COFFEE COUNTY BONDSMAN'S PROCESS

PAGE 1

CC 2006 000023 00 BUR3

JID: ROBERT W BARR

CIRCUIT COURT OF COFFEE COUNTY

STATE OF ALABAMA

VS PIERSON CYRUS D 707 WEST ADAMS

ENTERPRISE, AL 36330 0000

A-ADVANTAGE BONDING GOLDEN, MATTIE J.



WHEREAS, THE SURETIES ON THE BAIL IN THE ABOVE-STYLED CASE HAVE EXPRESSED THEIR WISH TO SURRENDER THE DEFENDANT TO THE CUSTODY OF THE

WHEREAS, THE CLERK OF COURT HAS CHECKED THE RECORDS AND HAS FOUND THAT THE ABOVE-STYLED CASE IS STILL PENDING; AND THAT THE DEFENDANT OR HIS OR HER SURETIES HAVE NOT BEEN DISCHARGED OF THEIR OBLIGATIONS; HAS FAILED TO APPEAR ON THE OBLIGATION OF BAIL AS RECUIRED AND A HAS FAILED TO APPEAR ON THE OBLIGATION OF BAIL AS REQUIRED AND A WARRANT HAS BEEN ISSUED FOR THE ARREST OF THE DEFENDANT.

NOW, THEREFORE, THIS PROCESS IS ISSUED, AS REQUIRED BY LAW, GIVING THE RIGHT TO THE SURETIES (BONDSMEN) TO ARREST THE DEFENDANT AT ANY PLACE WITHIN THE STATE OF ALABAMA, OR ALLOWING THE SURETIES TO AUTHORIZE THIS DOCUMENT BELOW OR ON AN ATTACHMENT BY AN ENDORSEMENT IN WRITING ON OR BONDSMAN SHALL FORTHWITH, AFTER THE ARREST, TAKE THE DEFENDANT TO OR BONDSMAN SHALL FORTHWITH, AFTER THE ARREST, TAKE THE DEFENDANT TO

ISSUED THIS 27 DAY OF MARCH , 2007.

> JAMES M COUNTS CLERK OF COURT

BONDSMAN RETURN

ON THIS

(TIME), I

(BONDSMAN/AGENT FOR

JAIL.

SURRENDERED THE DEFENDANT TO THE

SURETY)

and the second of the second o

GNATURE OF N/SURETY

THIS PROCESS MUST BE RETURNED TO THE CLERK OF COURT WITHIN FIVE (5) DAYS AFTER EXECUTED. PERATOR: AMR REPARED: 03/27/2007

PAGE 2

ALABAMA JUDICIAL DATA CENTER

Case 1:07-cv-00451-WKW BAND SME CUMTY

Filed 07/19/2007 ccPage 240000343 00

JID: ROBERT W BARR

NOTICE TO BONDSMAN OR BONDSMAN'S DESIGNEE

- (1) WHEN NOTIFIED BY THE CLERK OF COURT TO RETURN THIS PROCESS, YOU MUST RETURN IT WITHIN FIVE (5) DAYS OF RECEIVING IT.
- (2) EXECUTION OF THIS PROCESS AFTER THE DEFENDANT HAS BEEN DISCHARGED IS AN ILLEGAL ARREST.

NOTICE TO THE JAILER

UPON RECEIPT OF THE BONDSMAN'S PROCESS, YOU MUST RETURN THIS PROCESS TO THE CLERK OF COURT.



CHARGE: BURGLARY 3RD DEGREE

BOND AMOUNT:

\$5,000.00

IDENTIFICATION OF ACCUSED PERSON

NAME OF ACCUSED PERSON: PIERSON CYRUS D

PHONE NUMBER:

SSN: 422-23-0259 DOB: 09161986

AGE: 020 RACE: B SEX: M HT: 509

WT: 160 HR: BLK EY: BRO OTHER:

ADDR:

EMPLOYER/ADDR/PHONE:

WITNESSES

OPERATOR: AMR

PREPARED: 03/27/2007

Visitor # 1 NAMBA Pienson: Address: Phone #:____ Relationship to Inmate: MOTHER Visitor # 2 Name: JARU'S Piarson Address: SAMO Phone #:_. Relationship to Inmate: DRO+GAL Visitor # 3 Address: Name:____ Phone #:_____ Relationship to Inmate:_____ Visitor # 4 Address: Phone #:_____ Relationship to Inmate:_____ Visitor # 5 Address: Name:_____ Phone #:____ Relationship to CO on Duty_ /nmate:_____

Document 8-26

Pierson

Filed 07/19/2007 Page 25 of 847)

Ben Moates, Sheriff

Zack Ennis, Administrator

Visitor Registration

Case 1:07-cv-00451-WKW-WC

mmater Cup Ray WKW Date: 3/19/66	V-WCL Bookeding	8-26	Filed 67 F19/2007	Page
Date: 3/19/64	- James prim		Administrator	
•				
•	Vision with 1			•
Name: V/FNOA Phone #:	PRSING # 1	Addres	55:	
		10 / S 7	- W. HUMM	Σ
Phone #:			سے سین سے سے ایس کے آگی سے ایس ایس ایمار بھی بھی ہے۔ سے سے سے ہیں	:
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Relationship to Inmate:_			مربا هست ميون رسم و مي اسم مدين است است و سمت مدين است	
•	Visitor # 3	٠	,	
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Phone #:				
Relationship to Inmate:_			س مدم زمین سدر ایست بسید جارب شده برای زمین مشار مجاو شده شهر سال است.	
The state of the s	Visitor # 4			
Nemas		Addre	55'	
Name:			ـــــــــــــــــــــــــــــــــــــ	
Phone #:				
Relationship to Inmate:_	در مندر الله الله الله الله الله الله الله الل		2 امير نيس کيل چيپ شمير _م ين است مايي نيس سنم سي سن سند سنم شرخ نيس سند نيم .	
	Visiţor # 5	Ī		
Namo:		Addre	<i>5S:</i>	

CO on Duty M. By

Filed 67 F19/2007 Page 26 of 34

Visitor Registration

Name:_____

Phone #:____ Relationship to

Inmate:____

"-"

Document 8-26

Filed 07/19/2007

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Case 1:07-cv-00451-WKW-WC

File 57 Page 28 of 34 Case 1:07-cv-00451-WKW-WC Document 8-26

Steve Blai

May 14, 2007 @ 0900 Per Judge Ban

Attorney at Law

127 East College Avenue

E-mail: sblair506@hotmail.com

Enterprise AL 36330

Reply to:

Phone: 334-308-5375

P. O. Box 310843

FAX: 334-308-2055 Enterprise AL 36331-0843

April 18, 2007

Cyrus Pierson c/o Coffee County Jail New Brockton AL 3635

Dear Cyrus,

Judge Barr has ordered that you appear before the court on April 25, 2007 at 9:00 a.m. to dispose of your case. If necessary, you may present this letter to the jail administrator so that you will timely appear before the Judge.

Steve Blair

Rescheduled 5-24-07 @ 0900 AM

1 gr Cr Hot Clays

6 moins

Commission Served @ Co

· Scrad @ Coppe

cc-2006-399

State of Alabama Unified Judicial System

APPLICATION FOR YOUTHFUL OFFENDER STATUS AND ORDER OF INVESTIGATION

Case Number

100 C-24			COURT OF _	Coffee		ALABANA
IN THE	Circuit			(Cou	•	
<u>t</u> .		 ********************************	A Diomeon			930 BEPENDANT
STATE	AMABAJA TC	Cyrus Desmon			200	A og og
Comes n	ow the defenda	nt in the above-styled car	rse and makes application	n for youthful offender	tesunent (A	. 0(11)0
ČRI(kis II				6	4	MUL Trong
1. lem		ears of age. Date of Birth		the season bank analysis	time to talk with my	attender about the
2. lam	represented by s of my case and	my attorney and he has di he/she has explained my	scussed my case with me y constitutional rights to r	um caas Ve (ees teastas ajge) Y 1 1969 Usit aucedu	I am salis ad with	the sections of my
atto	mey and I have	IN CHICAGNISTS OF THE			* * * * * * * * * * * * * * * * * * *	AN ar meal Solution v and
3, lum con	derstand that I a sent to be tried	no complaints as it dis in the metgible to apply for treat by the court without a just and the court, in its di	ilment as a youthful offer my and treated as a you iscretion, may direct that	nder. I understand the tinful offender, the cou I be arraigned and in	nt will cause me to ad as a youthful off	be investigated and ender.
. e xta	mined by the Ci	Will Still time count at an en		- the count in its sold	discretion, may do	any of the following:
4. Lur	idenstand that if	am adjudged by the cour reposition or execution of	t to be a youthful offence contacts with or without	probation or		Vem notement alor
a. K	Suspend the i	reposition or execution of obstion not to exceed three	e (3) years, prescribing :	such terms of probatio	n as the court, Hi II	S SUR CHESCHOLIS THAT
u. ,						
<u>e</u>	impose a fine	or as provided by law with o the custody of the Board	of Corrections for a fern	n of three (3) years or	for a lesser term of our may also knoos	e a fac not to exceed
đ.	fine is not other	as provided by the Board the custody of the Board arwise authorized by law,	in lieu of or in addition to	any such rine. His co	and the same of th	
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e.	u ns mesi	ng charge to a hasteries		ucement or neward to	get me to make thi	s application. I further
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				a trial by jury and con	sent to be examine	d by the court, of SUCD
6. W	th a full understa	ending of the foregoing, I t at may direct, and I furthe	er consent to be tried by	the court, without a ju	ry, should the count	Misch frict and manner
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Case 1:07-cv-00451-WKW-WC

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PAGE 01

IN THE DISTRICT COURT FOR COFFEE COUNTY, ALABAMA **ENTERPRISE DIVISION**

STATE OF ALABAMA,

Plaintiff,

V5.

CYRUS DESMOND PIERSON,

Defendant.

CASE NO.

DC 2005-1307

DC 2006-1109 and

ORDER

The Defendant this day appeared with appointed counsel, Hon. Shannon Clark, and waived preliminary hearings. Cases are hereby forwarded to the action of the Grand Jury.

Upon oral motion duly considered, the \$5,000.00 cash requirement in case number DC 2006-1109, is withdrawn. The Defendant's bail is set at \$10,000.00 cash or secured bond in case number DC 2006-1109.

Notice shall issue to State and Hon. Shannon Clark,

DONE THIS THE 16th day of October, 2006.

FORWARDED TO CLERK

OCT 1 7 2006

DISTRICT COURT JUDGE

DISTRICT JUDGE



Visitor Registration

Relationship to inmate:_____

Phone #:_

CO on Duty Rannie Dan Ruth

Filed 07/19/2007

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InmateCYRYS PIERSON

COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis,

Administrator

Ĭ	lisitor a	# 1				
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FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE Case 1:07 CHIMINAS JUSTICE-INFORMADICAN SERIO DIVISION, OT ARKSBURG, WX 92638 60 34

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Case 1:07-cv-00451-WKW-WC D	ocument 8-26 File	d 07/19/2007	Page	34 of 3	34	
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